

L17000182247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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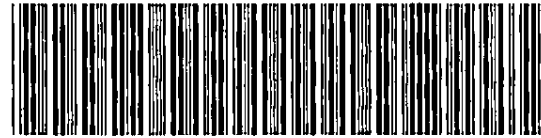
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA  
CLERK OF STATE

08/25/17

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MAURER FLORIDA PROPERTIES, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELLE L. MAURER  
Name of Person

MAURER FLORIDA PROPERTIES, LLC  
Firm/Company

253 PELICAN WAY  
Address

DELRAY BEACH FL 33483  
City/State and Zip Code

michelle@highlife1.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle L. Maurer at (610) 739-6309  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAURER FLORIDA PROPERTIES, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

253 PELICAN WAY  
DELRAY BEACH, FL 33483

Mailing Address:

253 PELICAN WAY  
DELRAY BEACH, FL 33483

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michelle L. MAURER, ESQ  
Name

253 PELICAN WAY  
Florida street address (P.O. Box **NOT** acceptable)  
DELRAY BEACH, FL 33483  
City State Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Michelle L. Maurer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 26 PM 12:12  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

DAVID B. MAURER

253 PELICAN WAY

DELRAY BEACH, FL 33483

MICHELLE L. MAURER

253 PELICAN WAY

DELRAY BEACH, FL 33483

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

THE PRIMARY PURPOSE OF THIS LLC IS TO ACQUIRE  
AND MANAGE PROPERTY DESCRIBED AS PELICAN POINTE CONDO  
UNIT 103 BLDG 10 AND ANY OTHER LAWFUL ACTIVITY.  
LEHAGE IN

**REQUIRED SIGNATURE:**

*Michelle L. Maurer*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MICHELLE L. MAURER

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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17 APR 24 PM 12:12  
TALLAHASSEE, FLORIDA