10/09/2017 16:40

Division of Corporations

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Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: State notices ( UCOCP Dervices, Com

RECEIPTOR

## FLORIDA LIMITED LIABILITY CO. DeLand Property Management 2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	, , ,				
	erty Management 2 LLC			<del></del>	
(M	ust end with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and	: street address of the principal	office of the Limited L	iability Company is:		
į	Principal Office Address:		Mailing Address:		
1881 79th St	reet Causeway	1881	79th Street Causeway		
North Bay Village, Florida 33141					
ARTICLE III - Registe	red Agent, Registered Office	North	Bay Village, Florida 33141		
ARTICLE III - Registe (The Limited Liability C		North  North  Registered Agent Registered Agent. You	Bay Village, Florida 33141		
ARTICLE III - Registe (The Limited Liability C another business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration as street address of the registere	North  & Registered Agent. You on.) d agent are:	Bay Village, Florida 33141	fual or	;; 
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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. Ifurther 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..

(CONTINUED)

Registered Agent - Signature (REQUIRED)

Page I of 2

Title *AM	e: 1BR" = Authorized	Member	Name and Address:		
*MC	GR" - Manager				
MG	R		Nana Peleg		
			1881 79th Street Causeway		
			North Bay Village, Florida 33141		
MG	MGR		Helmut Herzog		
			1881 79th Street Causeway		
			North Bay Village, Plorida 33141	<del></del>	
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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)