orida 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.

(((H170003411253)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LLOYD GRANET

Account Number : 074632001025

Phone

: (561)999-9300

Fax Number

: (561)999-9400

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

Email Address: REILES @ SPRPROPERTESFL COM

FLORIDA LIMITED LIABILITY CO. WESTON SQUARE PPR LLC

ب ب	1
~-	
\overline{C}	
<u>. </u>	
29	
Û.E.C	
<u> </u>	:
~	-

2010N SQUARE	PPR CLC
Certificate of Status	0
Cettified Copy Page Count	0
Estimated Charge	01
Doumated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

I FASON

GEC 29 2017

Fax Audit:	(((H17000341125 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is:

WESTON SQUARE PPR LLC

ARTICLE II - Address:

The street and mailing address of the principal office of the limited liability company is:

c/o Lloyd Granet, P.A. 2295 NW Corporate Boulevard, Suite 235 Boca Raton, FL 33431-7330

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

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

Lloyd Granet, P.A. 2295 NW Corporate Boulevard, Suite 235 Boca Raton, FL 33431-7330

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.

By: Registered Agent's Signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true). I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided

Signature of a member or an authorized representative of a member

Lloyd Granet

(((H17000341125 3)))

[2017-239/474722/2]

Fax Audit: