LISCOLOIGZZA

(Red	questor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1-24-1	18_		a	≠WALK	[N**
ENTITY NAME	Pop	pular Development LLC			
DOCUMENT NUM	BER			<u> </u>	
		PLEASE FILE THE ATTACHED AND RETURN			
		Plain Copy			
$\frac{1}{2}$	and	Certified Copy			
		Certificate of Status			
	**P[[FASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITE Certified Copy of Arts & Amendments Certificate of Good Standing	# FALLAHASSEE F		
		APOSTILLE' / NOTARIAL CERTIFICATION	500 FE 50 S	<u>(</u> , ·	
COUNTRY OF DES NUMBER OF CERT					
TOTAL OWED_	160	снеск # <i>4462</i> _			
Please call Tina	at the	above number for any issues or concerns. Thank	l yoa so ma	ich!	

COVER LETTER

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TO:	New Filing Section Division of Corporations		
SUBJE	POPULAR DEVELOPMEN	NT LLC	
		me of Limited Liability Company	
The encl	osed Articles of Organization and i	fee(s) are submitted for filing.	
Please ro	turn all correspondence concerning	ng this matter to the following:	
	SHANIQUE SMITH		
		Name of Person	
	POPULAR DEVELOPMENT	TLLC	
		Firm/Company	
	2425 WILLIE MAYS PKWY		
		Address	
	ORLANDO, FL 32811		
	ssmith.apselectric@gmail.com	City/State and Zip Code	
		be used for future annual report notification)	
For further	information concerning this matter,		
	Shanique Smith	407 364-5461	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	t:	
\$125.00 F	ling Fee \$130.00 Filing Fee Certificate of State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address New Filing Section	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

POPULAR DEVELOPM	ENT LLC			
(Must co	ntain the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	
RTICLE II - Address: the mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Addres	<u>ss</u> :
2425 WILLIE MAYS PK	wy	5566	METROWEST BLVD	
ORLANDO, FL 32811		SUITE	303	
		ORLA	NDO, FL 32811	
	n active Florida registration et address of the registered	on.)	ou must designate an indiv	
	n active Florida registratio	on.)		
	n active Florida registration et address of the registered	nn.) I agent are: Name		
	n active Florida registration active Florida registered et address of the registered SHANIQUE SMITH	on.) I agent are: Name		
	n active Florida registration et address of the registered SHANIQUE SMITH 5566 METROWEST BLVD	on.) I agent are: Name		
nother business entity with a	shanique smith stage METROWEST BLVD Florida street address	on.) If agent are: Name SUITE 303 S (P.O. Box NOT ac	ceptable)	
	shanique smith characteristics orlando City diagent and to accept serve ate, I hereby accept the approvisions of all statutes reserved.	Name SUITE 303 S (P.O. Box NOT active of process for the cointment as registere elating to the proper	ceptable) 32811 Zip above stated limited liabilided agent and agree to act in and complete performance	ty company at t this capacity. of my duties, a

18 JAN 24 PM 1:53

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager SHANIQUE SMITH 5566 METROWEST BLVD SUITE 303 ORLANDO FL 32811 (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 LIMITED LIABILITY COMPANY IS ORGANIZED FOR THE PURPOSE OF ANY AND ALL LAWFUL BUSINESS. **REQUIRED SIGNATURE:** 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. SHANIQUE SMITH 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)