

U9000020775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

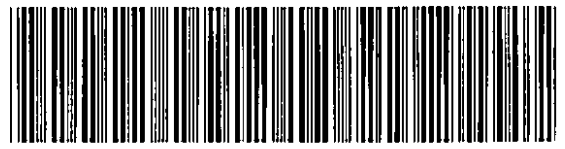
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED STATE
DEPARTMENT OF STATE
18 JAN 24 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
18 JAN 24 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2018

T SCHROEDER

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850-656-7956

REQUEST DATE 1/24/2018 **PRIORITY** Routine turnaround **OUR REF # (Order ID#)** 626717

ORDER ENTITY
Parietal Family Trust Company LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

New LLC filing

NOTES:

\$125 authorized

EMAIL ADDRESS FOR ANNUAL REPORT REMINDERS: rsilverman@ghplaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956

A handwritten signature in black ink, appearing to be the initials "MS" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parietal Family Trust Company 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:

9045 Strada Stell Court
Suite 500
Naples, FL 34109

Mailing Address:

c/o Corporate Management Group II, LLC
1901 Avenue of the Stars, Suite 1100
Los Angeles, CA 90067

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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.

Karen E. Elliott

/Karen E. Elliott, Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Parker J. Collier, Trustee of the
Parker J. Collier Revocable Trust dated
December 19, 1997, as amended

9045 Strada Stell Court
Suite 500
Naples, FL 34109

(Use attachment if necessary)

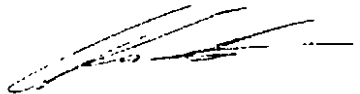
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Rita Silverman, Authorized Representative of Member
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)

18 JAN 26 AM 10:03
STATE OF FLORIDA
FALL BRANCH

FILED