04/11/2018 12:03

#682 P.001/003



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.

(((H18000114582 3)))



H180001145823ABC/

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 : PYLE & DELLINGER, PL.

Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

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

Email Address: OR Decompast. net

RECEIVED IN IN IS 31

FLORIDA LIMITED LIABILITY CO.

Pungo Paradise, LLC

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

18 AFR II AMID: 3

(D)

Electronic Filing Menu

Corporate Filing Menu

Help

L C. FFE

D Chill TI

OF PUNGO PARADISE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is PUNGO PARADISE, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 473 North Pine Meadow, Debary, FL, 32713.

ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **David Mederer** and the Florida street address of the registered agent is **473 North Pine Meadow**, **Debary**, **FL 32713**.

ARTICLE IV MANAGEMENT

The Company is managed by a Manager. The person initially appointed as Manager is **David Mederer**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this ___//_ day of April, 2018.

Carlo //Our / (con Roberta Matuska Mederer

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _//_ day of April, 2018, by Roberta Matuska Mederer, who **a** is personally known to me, or □ presented a Florida drivers license or D a _ ___ drivers license or 🗆 identification. THUMBER STATE œ Notary Public Michael A. Pyle (Printed Name) 111 Er. My Commission Expires: \Box $\overline{\Box}$ <u>ယ</u>ှ

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.

David Mederer, Registered Agent

18 APR II ANIO: 3:

