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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

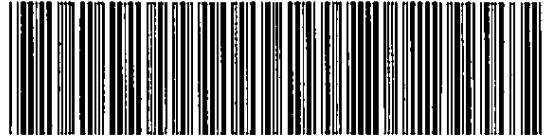
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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PEREIRA LAW, P.C.

1822 North Main Street, Suite 203, Fall River Massachusetts 02720

508 675-1188

FAX 508 675-1189

STEVEN R. PEREIRA
ALLYSON A. PEREIRA

PRIORITY MAIL

August 13, 2018

Florida Department of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

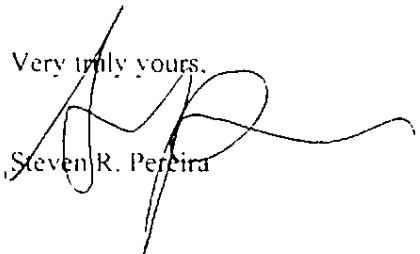
RE: POBZEZNIK REALTY, LLC
Articles of Organization - LLC

Dear Sir or Madam:

Enclosed pursuant to the above-noted, please find Articles of Organization For Florida Limited Liability Company, together with my check in the sum of \$125, payable to the Florida Department of State, representing the fee for filing. At your earliest convenience, please file and process same accordingly. Should you have any questions, please feel free to contact me.

Thank you for your time and consideration in this regard.

Very truly yours,


Steven R. Pereira

SRP

Enc

cc: T/B Pobzeznik

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: POBZEZNIK REALTY, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven R. Pereira, Esq.
Name of Person
Pereira Law, PC
Firm/Company
1822 North Main Street, Suite #203
Address
Fall River, MA 02720
City/State and Zip Code
steve@perlawpc.com
E-mail address: (to be used for future annual report notification)

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RECORDS SECTION
DIVISION OF CORPORATIONS
18 AUG 20 AM 9:41

For further information concerning this matter, please call:

Steven R. Pereira, Esq. 508 675-1188
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POBZEZNIK REALTY, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2600 S.E. Ocean Blvd.
M-15
Stuart, FL 34996

2600 S.E. Ocean Blvd.
M-15
Stuart, FL 34996

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:

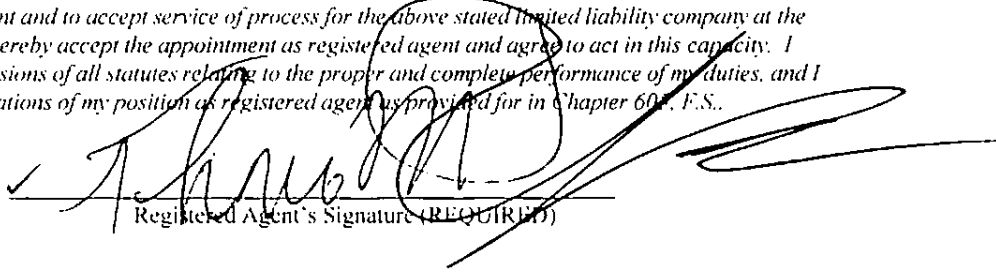
Thomas W. Pobzeznik
Name

2600 S.E. Ocean Blvd., M-15
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL 34996
City State Zip

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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. 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 607, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Thomas W. Pobzeznik
2600 S.E. Ocean Blvd., M-15
Stuart FL, 34996

MGR

Barbara M. Pobzeznik
2600 S.E. Ocean Blvd., M-15
Stuart FL, 34996

(Use attachment if necessary)

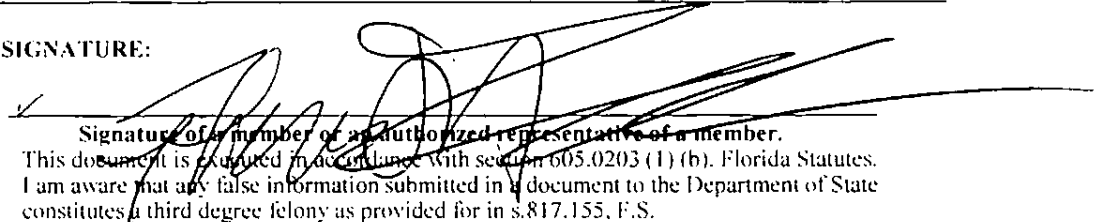
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

Thomas W. Pobzeznik

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)