

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I2018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

K. PAGE

APR 03 2019

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
2006 Monument Ave PSJ LLC**

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of the Limited Liability Company is:

2006 Monument Ave PSJ LLC

**ARTICLE II**  
**Address**

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

**Principal Office Address:**

525 3<sup>rd</sup> Street  
Port St. Joe, FL 32456

**Mailing Address:**

525 3<sup>rd</sup> Street  
Port St. Joe, FL 32456

**ARTICLE III**  
**Registered Agent, Registered Office & Registered Agent's Signature**

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

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*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.*

  
Ira R. Shapiro, Registered Agent

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**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

**ARTICLE V**  
**Persons Authorized to Manage and Control**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Robert W. Pokora  
525 3<sup>rd</sup> Street  
Port St. Joe, FL 32456

x Robert Pokora

Robert W. Pokora, MGR

*(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 for in s.817.155, F.S.)*

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