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(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	Mait	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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19 APR -5 AN SI VI



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE: 712880 4355598				
AUTHORIZATION: Spelledena				
COST LIMIT : \$ 160.00				
ORDER DATE : April 5, 2019				
ORDER TIME : 3:29 PM				
ORDER NO. : 712880-005				
CUSTOMER NO: 4355598				
DOMESTIC FILING				
NAME: ELIGALE PROPERTY, LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Roxanne Turner - EXT.				

EXAMINER'S INITIALS:

COVER LETTER

то:	New Filing Section Division of Corporations					
SUBJE	EliGale Property, LLC					
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of Organization and fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning this matter to the following:					
	Jeffrey E. Smith					
	Name of Person					
	Firm/Company					
	570 Coldstream Drive					
	Address					
	Berwyn, Pennsylvania 19312					
	City/State and Zip Code					
	jeliot1229@comcast.net E-mail address: (to be used for future annual report notification)					
For furthe	er information concerning this matter, please call:					
	Jeffrey Smith 610 316-6800					
	Name of Person Area Code Daytime Telephone Number					
Enclose	d is a check for the following amount:					
	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)					
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
EliGale Property, L	_C		
(Must conta	in the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limit	ed Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
570 Coldstream Dri	ve	57	70 Coldstream Drive
Berwyn, Pennsylva	nia 19312	<u>B</u>	erwyn, Pennsylvania 19312
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agen on.)	gent's Signature: t. You must designate an individual or
	Corporation Service	e Company	
		Name	
	1201 Hays Street		
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	Tallahassee	FL	32301
	City	State	Zip
daving haan named as registered a	count and to account com	ica of success for a	the above stated limited liability

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..

Registered Agent's Signature (REQUIRED)

Recompany

Rec

(CONTINUED)

9 APR -5 AM 5: 4.

	Title: "AMBR" = Authorized M	Name and Address:	
	"MGR" = Manager AMBR	Jeffrey E. Smith 570 Coldstream Drive Berwyn, Pennsylvania 19312	<u> </u>
	AMBR	Judith S. Smith 570 Coldstream Drive Berwyn, Pennsylvania 19312	
			
	(Use attachment if necessar	у)	
(If an ei the date <u>Note:</u> the doc	ffective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	than the date of filing: e must be specific and cannot be more than five business days prior ck does not meet the applicable statutory filing requirements, this dat Department of State's records.	r to or 90 days after e will not be listed as
For pu	rposes of purchasing and	owning residential real estate.	
	REQUIRED SIGNATU	E: ()	
	This docu l am awar	ature of a member or an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida that any false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	Statutes, of State
	Je	rey E. Smith	

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

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)