Division of Corporations



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.

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To:

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

From:

Account Name : SAXON GILMORE NON-TRUST FUNDS Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555

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.

PCHA Fletcher II, LLC

Certificate of Status	
Certified Copy	. 1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PCHA Fletcher II, 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:	Mailing Address:		
2315 Ruth Hentz Avenue	2315 Ruth Hentz Avenue		
Panama City, FL 32405	Panama City, FL 32405		

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:

JOZETTE CHACK-	ON, ESQ.	
	Name	
201 E. Kennedy Blv	d., Suite 600	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Tampa	Florida	33602
City	State	Zip

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<u>...</u>

ORETARY OF STATE

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 of provided for the Chapter 605, F.S..

þ Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Panama City Housing Authority 2315 Ruth Hentz Avenue Panama City, FL 32405		
		100 EIBK	-11
(Use attachment if necessary)		124	هيد - سيري -
	nd cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will no) days after ₽	
ARTICLE VI: Other provisions, if any.		rri 🔭	

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REOUIRED SIGNATURE:

Signature of a metuber of 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.

Teresa Henry, Executive Director						_		
			Турса	1 OI	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)