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N CULLIGAN OCT 3 1 2019 Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 029732 4305611 AUTHORIZATION : COST LIMIT : ORDER DATE: October 30, 2019 ORDER TIME : 3:22 PM ORDER NO. : 029732-005 CUSTOMER NO: 4305611 DOMESTIC FILING NAME: PEGASUS REAL ESTATE HOLDINGS, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX _ _ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

	lew Filing Section livision of Corporations		
CHRIECT	Pegasus Real Estate H	oldings, LLC	
SUBJECT	Name of Limited Liability Company		
The enclos	sed Articles of Organization a	nd fec(s) are submitted for filing.	
Please retu	m all correspondence concer	ning this matter to the following:	
	Ambria Wessel, Esquire		
		Name of Person	
	McNees Wallace & Nuric	k LLC	
		Firm/Company	
	570 Lausch Lane, Suite 2	200	
		Address	
	Lancaster, PA 17601		
	awessel@mcneeslaw.com	City/State and Zip Code	
•	E-mail address:	(to be used for future annual report notification)	
For further in	nformation concerning this ma	atter, please call:	
	Ambria Wessel	717 581-2319	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following am	ount:	
\$125.00 Fi	_	g Fee & S155.00 Filing Fee & S160.00 Filing Fee,	
	Mailing Address New Filing Section Division of Corporatio	Street Address New Filing Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pegasus Real	Estate Holdings, LLC				
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
740 SW Pristine Drive Palm City, FL 34990			SW Pristine Drive n City, FL 34990		
· · · · · · · · · · · · · · · · · · ·					
ARTICLE III - Registered (The Limited Liability Companother business entity with	pany cannot serve as its own	n Registered Agent.	nt's Signature: You must designate an individual o	or .	
 (The Limited Liability Comp 	pany cannot serve as its ow an active Florida registrati	n Registered Agent. on.)	nt's Signature: You must designate an individual o	(A na	
(The Limited Liability Companother business entity with	pany cannot serve as its ow an active Florida registrati	n Registered Agent. on.)	nt's Signature: You must designate an individual o	SEC 2913	د د می
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration receive address of the registere	n Registered Agent. on.)	nt's Signature: You must designate an individual o	2919 OCT SECRETA	~~ <u>`</u>
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration receive address of the registere	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an individual o	2918-00 SEORE TALL	~~^^^}
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration and active Florida registere reet address of the registere Lynette Trout 740 SW Pristine D	n Registered Agent. on.) d agent are:	You must designate an individual o	2018 OCT 30 SECRETARY	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration and active Florida registere reet address of the registere Lynette Trout 740 SW Pristine D	n Registered Agent. on.) d agent are: Name	You must designate an individual o	2919 OCT SECRETA	

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)

Re Lynette Trout

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR, MGR	David Trout 740 SW Pristine Drive Palm City, FL 34990
AMBR, MGR	Lynette Trout 740 SW Pristine Drive Palm City, FL 34990
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	c of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
REQUIRED SIGNATURE:	to Land Manhar
This document is execu I am aware that any falsi	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes 50 ce information submitted in a document to the Department of State 50 ce felony as provided for in s.817.155, F.S.
	Lynette Trout, Authorized Member Typed or printed name of signee
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: ganization and Designation of Registered Agent Filing Fees: Ganization and Designation of Registered Agent Filing Fees: Ganization and Designation of Registered Agent

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

ARTICLE IV-