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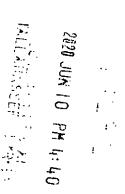
(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC	PG Inverne	ess. LLC			
300017		Name of I	Limited Liabil	ity Company	
The enci	losed Articles of	Organization and fee(s)	are submitted	for filing.	
Please re	eturn all correspo	ondence concerning this	matter to the	following:	
	Carla Venar	d			
		-	Name of	Person	•
	Law Office	of Clark A. Stillwell			
			Firm/Co	трапу	
	PO Box 250				
			Addr	ress	
	Inverness, F	lorida 34451			
	paulhertensen	@gmail.com	City/State ar	d Zip Code	
		E-mail address: (to be us	ed for future a	annual report notificati	ion)
For furthe	er information co	neerning this matter, ple	ase call:		
	Carla Venare		352	726-6767	
	Nan	ne of Person		Daytime Telephon	e Number
Enclosed	d is a check for t	he following amount:			
□\$125.00 Filing Fee ■\$130.00 Filing F		■\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company, "L.L.C.," or "LLC.") office of the Limited Liability Company is: Mailing Address: 101 Blanton Drive Inverness, Florida 34450 A Registered Agent's Signature: In Registered Agent. You must designate an individual or on.)
Mailing Address: 101 Blanton Drive Inverness, Florida 34450 A Registered Agent's Signature: In Registered Agent, You must designate an individual or
101 Blanton Drive Inverness, Florida 34450 . & Registered Agent's Signature: n Registered Agent. You must designate an individual or
Inverness, Florida 34450 . & Registered Agent's Signature: n Registered Agent. You must designate an individual or
. & Registered Agent's Signature: n Registered Agent. You must designate an individual or
n Registered Agent. You must designate an individual or
Name
ss (P.O. Box <u>NOT</u> acceptable)
Florida 34450
d age Na

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Aut "MGR" = Mana	thorized Member		
MGR	Paul R. Hertensen 101 Blanton Drive		
	Inverness, Florida 34450		
<u>MGR</u>	Genevieve L. Hertensen		
	101 Blanton Drive Inverness, Florida 34450		
	inverness, Florida 54450		
			
	·		
(Use attachmen	nt if necessary)		
	ed in this block does not meet the applicable statutory filing requirements, this date will not e date on the Department of State's records. Devisions, if any.		
REOUIRED S	SIGNATURE:		
-	Mall K Northeader		
	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.		
	1 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.		
	Paul R. Hertensen		
	Typed or printed name of signee	200	
		01 NNF 1885	,
eise on iur	Filing Fees:	<u>.</u>	;
	ig Fee for Articles of Organization and Designation of Registered Agent tified Copy (Optional)	= i	
	(ificate of Status (Ontional)		, ₄
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