

L20000244642

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 : GINN & PATROU, PA
Account Number : I20190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

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

Email Address: spatrou@ginnpatrou.com

FLORIDA LIMITED LIABILITY CO.**PJM Southern Properties, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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| Page Count | 03 |
| Estimated Charge | \$125.00 |

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PJM Southern Properties, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Patrou

Name of Person

Ginn & Patrou, PA

Firm/Company

770 AIA Beach Blvd., Ste D

Address

St. Augustine FL 32080

City/State and Zip Code

spiccoli1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Patrou 904 461-3000
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 AUG 20 PM 3:57

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2020 AUG 20 PM 3: 57

S. J. PATROU, PA
ALI AHASSIE, FLOU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PJM Southern Properties 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:616 Fenwick Lane
Saint Johns FL 32259Mailing Address:616 Fenwick lane
Saint Johns FL 32259

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:

Ginn & Patrou, PA

Name

770 A1A Beach Blvd., Ste D.Florida street address (P.O. Box **NOT** acceptable)St. AugustineFL32080

City

State

Zip

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)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Member

Jeffrey Prieto
616 Fenwick Lane
Saint Johns FL 32259

Member

Manivanh Prieto
616 Fenwick Lane
Saint Johns FL 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/14/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

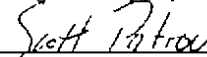
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.
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.



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)
- \$ 5.00 Certificate of Status (Optional)