Electronic Filing Cover Sheet

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H210001104253ABCQ

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PYLE, DELLINGER & DUZ, PLLC

Account Number : I20000000053 Phone : (386)615-9007 Fax Number : (386)676-2615

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

bentley heath @gmail Email Address:____

FLORIDA LIMITED LIABILITY CO. Favoretta West, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION OF FAVORETTA WEST, LLC

ARTICLE I - NAME

The name of the limited liability company is Favoretta West, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
P & D Management, LLC
1655 N. Clyde Morris Blvd., Suite 1
Daytona Beach, Florida 32117

Mailing Address:
P & D Management, LLC
1655 N. Clyde Morris Blvd., Suite 1
Daytona Beach, Florida 32117

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

P & D Management, LLC 1655 N. Clyde Morris Blvd., Suite 1 Daytona Beach, Florida 32117

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.

P & D Management, LLG

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Jacob H. Bentley 141 Oak Terrace Seguin, TX 78155

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.

Jacob H. Bentley

Typed or printed name of signee

2021 MAR 19 PM 12: 30