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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

| Division of Corporations                               |   |   |
|--|---|---|
| SUBJECT: PAPP PVEPENTIE                                | 25 LLC  |   |
| Name of Lin  | nited Liability Company   |   |
| The enclosed Articles of Organization and fee(s) are   | e submitted for filing.   |   |
| Please return all correspondence concerning this ma    | ntter to the following:   |   |
| DAVID J. PAPP  |   |   |
|  | Name of Person  |   |
| PAPP Properties  | S, LLC  |   |
|  | Firm/Company  |   |
| 537 SPVING LA  | KE DR.  |   |
|  | Address   |   |
| MELBOURNE, F   | L 32940   |   |
| MELBOURNE, P   |   |   |
| ALAVEA 01 (  | DAOL, COM<br>for future annual report notificati                          | on)   |
| For further information concerning this matter, please | ·   | VIII  |
| To funder morthador Concerning this matter, prease     | can.  |   |
| DAVID J. PAPP and                                      |   | ) Č   |
| Name of Person Ar                                      | ea Code Daytime Telephon  | e Number  |
| Enclosed is a check for the following amount:          |   |   |
| □\$125.00 Filing Fee                                   | □\$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Abrillian Calabrani                                    | Crosse V.J.A.   | 1.37  |
| <u>Mailing Address</u><br>New Filmg Section            | Street Address New Filing Section Di                                      | vision 23 E   |
| Division of Corporations                               | The Centre of Tallaha   |   |

2415 N. Monroe Street, Suite 810.

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED DABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:                               |                                 |
|---|---------------------------------|
| PAPP PYOPEV TIES LLC (Must contain the words "Limited Liability G                             | Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address;<br>The mailing address and street address of the principal office of th | e Limited Liabifity Company is: |
| Principal Office Address  | Mailing Address                 |

| MELBOUNNE, FL 32940 | MELBOUYNE, FL 32940 |
|---------------------|---------------------|
|                     |                     |

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:

| DAVID J. PAPP          |                      |             |  |
|------------------------|----------------------|-------------|--|
|                        | Name                 |             |  |
| 537 SPV1X              | LAKE                 | Dr          |  |
| Florida street address | (P.O. Box <u>NOT</u> | acceptable) |  |
| MELBOURNE              | FL                   | 32946       |  |
| 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)

|    | 111  | т.   | . `1 | 1. | IV-   |
|----|------|------|------|----|-------|
| ٠. | 16 1 | , 11 |      | 1. | I \ - |

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  |  |             |
| MGRM   | DAVID J. PAPP<br>537 SPVING LAKE DY  |             |
|  | MELBOUVHE, PL 32940  |             |
|  |  |             |
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| (Use attachment if necessary)  |  |             |
| ARTICLE V: Effective date, if other than the da<br>(If an effective date is listed, the date must be s | te of filing:, (OPTIONAL) pecific and cannot be more than five business days prior to or 90  | days after  |
| the date of filing.)   | meet the applicable statutory filing requirements, this date will not  | •           |
| the document's effective date on the Departmen   |  | or used as  |
| ARTICLE VI: Other provisions, if any,  |  |             |
|  |  | <del></del> |
|  |  |             |
| REQUIRED SIGNATURE:  | 2  |             |
| World  | 1 /w   |             |
| This document is exec<br>I am aware that any fal   | hember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in \$.817.155, F.S. |             |
| DAV  | Typed or printed name of signee  | r.~⊃        |
|  | 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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

Mailing Address:

537 5 PMNL WKE DY MELBOUYNE, FL 32940

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.C.,")

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

DAVID J. PARP

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

S37 SIVING LAKE DY MELBOUVNE, FL 32940

another business entity with an active Florida registration.)

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

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Embility Company is:

|   |   | Name                                    |  |   |
|---|---|---|--|---|
|   | 537 SPM   | i LAKE                                  | Na   |   |
|   | Florida street address  | <del></del>                             |  |   |
|   | MELBOUWE  | FL                                      | 32946  |   |
|   | City  | State                                   | Zip  |   |
| Having been named as registed place designated in this certific further agree to comply with the ain familiar with and accept the | vate. I hereby accept the appo<br>ie provisions of all statutes rel | intmeat as registe<br>ating to the prop | wed agent and a gree to ac<br>er and complete performa | t in this capacity. The new of my duties, and I |
|   | Register  | reif Agent's Sign                       | ature (REQUIRED)                                       |   |
|   |   | (CONTINUED                              | )  |   |
|   |   |   |  | p.a   |
|   |   |   |  | 1021 DEC 16                                     |
|   |   |   |  |   |

ARTICLE IV-

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

| <u>Title:</u>   | Name and Addgess:  |
|---|--|
| "AMBR" = Authorized Member<br>"AIGR" = Manager                            |  |
| MURIN   | DIAVID J. POPI<br>537 SPING LAW DY<br>MELBOURS PL 32940  |
|   |  |
|   |  |
|   | ······································   |
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|   |  |
| (Use attachment if necessary)   |  |
| If an effective date is fisted, the date must be s<br>be date of filing.) | te of filing:  |
| ARTICLE VI: Other provisions, if any,                                     |  |
|   |  |
|   |  |
| REQUIRED SIGNATURE:   | - Pani   |
| This document is excul<br>I am aware that any fals                        | nember or an authorized representative of a member, ated in accordance with section 605 0203 (1) (5). Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. |
| <u> </u>  | D J. PAP  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)

8 5.00 Certificate of Status (Optional)