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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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Email Address: RHONDA\_2190@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.

**Bare Paradise Properties LLC** 

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Bare Paradise Properties LLC
(Must end with 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: Mailing Address: 3621 Oakwood Court 3621 Oakwood Court Panama City Beach, FL 32408 Panama City Beach, FL 32408

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:

Jo'lda Rifenburg	
Name	2
3621 Oakwood Court	
Florida street address (P.O. Bo.	x <u>NOT</u> acceptable)
Panama City Beach	FL 32408
City	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.,

- DocuBianed by: Jo'lda Rifenburg Registered Agent's Signature (KEQUIKED) Jo'lda Rifenburg (CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Joʻlda Rifenburg
<del></del>	3621 Oakwood Court
	Panama City Beach, FL 32408
· · · · · · · ·	
	<del></del>
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EV: Effective date, if other than the da fective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n (In accordance with section constitutes an affirmation I am aware that any false	Docusioned by:  What Riculary  nember or an authorized representative of a member.  no 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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