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Florida Department of State
Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
749 SE 15TH STREET LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

749 SE 15TH STREET, 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:346 LEGARE CTJUPITER, FL 33458Mailing Address:346 LEGARE CTJUPITER, FL 33458

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:

SCOTT PARKIN

Name

346 LEGARE CTFlorida street address (P.O. Box NOT acceptable)JUPITERFL33458

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.,

SCOTT PARKIN

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

KLOVER REAL ESTATE INVESTMENTS, LLC
4500 PGA BLVD., SUITE 200
PALM BEACH GARDENS, FL 33418

MBR

SCOTT PARKIN
346 LEGARE CT
JUPITER, FL 33458

MBR

PATRICK CANTLAY
5342 OLD JUPITER RD
JUPITER, FL 33458

MBR

PRESTON VALDER
346 LEGARE CT
JUPITER, FL 33458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (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:

SCOTT PARKIN

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.

SCOTT PARKIN

Typed or printed name of signer

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