

L98000002543

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Tri-State Professional Management, L.C.  
(Proposed limited liability company name - must include suffix)

800002677948--0  
-11/02/98-01090--005  
\*\*\*293.75 \*\*\*293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

CM

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. ~~The fee for a certified copy is \$52.50.~~  
Please send one check for the total amount made payable to the Florida Department of State.

FROM: John G. Berkery & Linda Berkery  
Name (Printed or typed)  
8949 S.E. Bridge Rd., Apt #101  
Address  
Hobe Sound FL 33455  
City, State & Zip  
215 836-9494  
Daytime Telephone number

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98 NOV -2 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*Tri-State Property Management, L.C.*

**ARTICLE II - Address:**

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

*8949 S.E. Bridge Rd., Suite #101  
Hobe Sound, FL 33455*

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

*perpetual*

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*John C. Berkery & Linda Berkery  
8949 S.E. Bridge Rd.  
Suite #101  
Hobe Sound, FL 33455*

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**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

present two members  
must approve any new  
members (subject to  
Article VI)

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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

full & uninterrupted.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Tri-State Property Mgmt. L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 100
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 20,000
- 5) the total amounts of 2, 3 and 4 is \$ 20,100

John Berkery  
Signature of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Tri-State Property Management, LLC

2. The name and address of the registered agent and office is:

John Berkery  
(NAME)

8949 S.E. Bridge Rd, Suite #101  
(P. O. Box NOT ACCEPTABLE)

Hobe Sound, FL 33455  
(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.*

John Berkery  
(SIGNATURE)

5/25/98  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**