L150000a4861

	questor's Name)	
(Re	equestors (vame)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(54	ionioco Enary Han	,
(Da	ocument Number)	
(LXC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		İ
<u> </u>	·	

Office Use Only



600268712306

01/30/15--01011--017 **130.00

Effective Date 1/26/15

ZOIS JAN 30 PM 3: 08
SECRETARY OF STATE

LEB 1 O 2015 J. HARRIS

COVER LETTER

		TY MANAGEMENT, LLC. nited Liability Company	
	of Organization and fee(s) as		
rn all corre		re submitted for filing.	
	spondence concerning this m	atter to the following:	
			
		Name of Person	
		Firm/Company	
	8		· · · · · · · · · · · · · · · · · · ·
		Autress	

	ampropmanac E-mail address: (to be use	nement@gmail.com d for future annual report notifica	tion)
r informatio	n concerning this matter, plea	ase call:	
s a check fo	or the following amount:		
iling Fee	S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
			'ess
Div	ision of Corporations	Division of Corporate	ions
		Clifton Building	er Cirole
	r informatio ALAIN Nan s a check for illing Fee Mai Reg Div. P.O	ampropmanac E-mail address; (to be used information concerning this matter, please information for Person at (Name of Person s a check for the following amount: illing Fee	### Address TAMPA FL, 33619 City/State and Zip Code

Tallahassee, FL 32301

Effective Date 1 26 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	A & M PROPERTY MAN			·	
(1)	Must end with the words "Lin	nited Liability C	ompany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Addres The mailing address an	ss: d street address of the princip	oal office of the	Limited Liability (Company is:	
Principal Office Addr	ess:	Mailing	Address:		
803 PAPAYA DR. TA	MPA, FL, 33619	803 PA	PAYA DR. TAM	PA, FL, 33619	
·	with an active Florida regist da street address of the regist	tered agent are:			
	ALAIN M.	lame	· · · · · · · · · · · · · · · · · · ·		
	803 PAPA	YA DR			
	Florida street address (P.O.		ptable)	•	
	TAMPA	FL_	33619		
	City		Zip		
the place designated capacity. I further ag	registered agent and to accept in this certificate, I hereby a gree to comply with the provisum familiar with and accept the Registered Agent's S	ccept the appoir ions of all statute e obligations of Thapter 605, F.S	ntment as registered es relating to the pr imy position as regi	l agent and agree to act oper and complete perf	in this ormance
	(CONT	INUED)			2

Page 1 of 2

FILED

2015 JAN 30 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE. FLORID4

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	·
LAIN M. LOPEZ	803 PAPAYA DR, TAMPA, FL, 33619
MGR	Alain M. Lobor
MARIA A ROHENA	2407 S 77TH ST. TAMPA, FL. 33619
AMBR	Maria A. Rohana
	
· · · · · · · · · · · · · · · · · · ·	
	
	
·	
V: Effective date, if other than the detive date is listed, the date must be	ate of filing: <u>January, 26th, 2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
V: Effective date, if other than the d tive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
V: Effective date, if other than the divive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
V: Effective date, if other than the divive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) ALAIN M. LOPEZ
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false introduced for the constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) ALAIN M. LOPEZ Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

Page 2 of 2