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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ļ
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INVISION OF CORPORATION

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# **COVER LETTER**

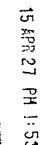
TO: Registration Section Division of Corporations	
SUBJECT: 212 Prop	Perties, LLC
	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concernin	ng this matter to the following:
,	John Phillips
	Name of Person
	SDR
	Firm/Company
354 369	Madow Ridge Dr.
	Address
Tall-F	City/State and Zip Code  2122 Yehoo. Com  to be used for future annual report notification)
Paraclias	City/State and Zip Code
E-mail address: (to	o be used for filture annual report notification)
For further information concerning this may	
1.0	
JP	at (850) 363-3336  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	unt:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of St	
<b>3.7</b>	

### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301





## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:						
212 /	roperties, LLC	_					
	ust end with the words "Lim		pany, "L.L.C.," or	"LLC.")			
ARTICLE II - Address The mailing address and	: street address of the princip	oal office of the Li	nited Liability Con	npany is:			
Principal Office Addres	ss: low Ridge Dr	Mailing A	ddress:				
Tall- F1.	2	<u></u>	IME				
(The Limited Liability C	red Agent, Registered Off ompany cannot serve as its with an active Florida regisu	own Registered Ag			ual or		
The name and the Florida	a street address of the regist	ered agent are:	1.20				
-	369 Meadow Florida street address (P.O.	Ridge Dr.	ble)				
-	City	FL.	22312				
***	City		3 Z 31 Z				
the place designated capacity. I further agre		ccept the appointm ons of all statutes in a obligations of my chapter 605, F.S	ent as registered ag elating to the prope position as register	ent and agree to r and complete j	act in this performan	s ice	
	Registered Agent's Si	ignature (REQUIR	ED)				
	(CONT)	NUED)		<b>a</b>	<b>3</b>	i 3 - R	
	Page	l of 2			<i>j</i> . 2 ·	711 - 4	ì
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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1 1 Deliveral
<u> </u>	John P. Milles
	369 Meadow Ridge Dr.
	Tall. F1.323,2
	<i>r</i> .
	_
	<del></del>
	1
(Use attachment if necessary)	of filing: (ODTIONAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be spe	of filing: (OPTIONAL) exific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a-first (In accordance with section 605)	mber of an authorized representative of a member.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a first (In accordance with section 605 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a-men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)