

Tam C. Romani
Requester's Name
POB 91012
Address
Miccosukee, FL 33309
City/State/Zip
668-7194
Phone #

L010000017220

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Georgia Florida Properties, LLC
(Corporation Name) (Document #)

2. (Corporation Name) (Document #) 100004627651--4
-10/08/01--01082--011
***195.00 ***125.00

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☐ Certified Copy
☒ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RECEIVED
01 OCT - 8 PM 3:10
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

01 OCT - 8 PM 3:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Georgia~~ Florida Properties, LLC

ARTICLE II - Address:

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

P.O. Box 91012

5109 Paces Blvd

Miccosukee, FL 32309

Miccosukee, FL 32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Tom Crumante

Name

5109 Paces Blvd

Florida street address (P.O. Box **NOT** acceptable)

Miccosukee, FL FL 32309

City, State, and 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 608, F.S..

Tom Crumante

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Tom Crumante

Signature of a member or an authorized representative of a member.

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

Tom Crumante

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT - 8 PM 3:25

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AND
FILED