

L01000022167

Ed Allgeyer
Requester's Name

B5 5746
Address

Lake Butler, FL 32054
City/State/Zip Phone #

12/19

Office Use Only

Apartment Management Professionals

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

MJH

1. 00789-02827-00676-00623-00671
(Corporation Name) (Document #)

WOT-28121

2. 000004705410--1
(Corporation Name) (Document #) -12/05/01--01019--003
****300.00 ****100.00

3. 000004705410--1
(Corporation Name) (Document #) -12/20/01--01001--009
****75.00 ****25.00

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 19 PM 4:38

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 10, 2001

ED ALLGEYER
R5 5746
LAKE BUTLER, FL 32054

SUBJECT: APARTMENT MANAGEMENT PROFESSIONALS, LLC
Ref. Number: W01000028121

We have received your document for APARTMENT MANAGEMENT PROFESSIONALS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 601A00064949

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APARTMENT MANAGEMENT PROFESSIONALS, LLC

ARTICLE II - Address:

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

920 W. ORANGE ST, LAKE CITY, FL 32055

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

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

EDWARD J. ALLGEYER

Name

920 W. ORANGE ST.

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

LAKE CITY,

FL 32055

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..



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)

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.)

EDWARD J. ALLGEYER

Typed or printed name of signer

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

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