

# L03000013609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document

Examiner

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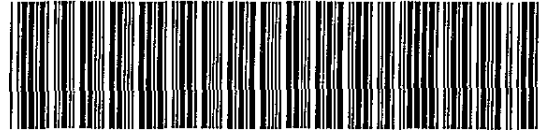
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
850-487-6051

SUBJECT: 3D PROPERTIES, LLC

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: CINDY DEVINE  
5585 W. 1<sup>ST</sup> SQUARE SW  
VERO BEACH, FLORIDA 32968  
772-562-7817

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I-Name:

The name of the Limited Liability Company shall be:  
3D PROPERTIES, LLC.

### ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
5585 W. 1<sup>ST</sup> SQUARE SW, VERO BEACH, FLORIDA 32968

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

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

CINDY DEVINE  
5585 W. 1<sup>ST</sup> SQUARE SW  
VERO BEACH, FLORIDA 32968

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..

  
CINDY DEVINE

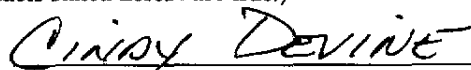
### ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one 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.)

  
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)

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APR 15 AM 10:45  
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TALLAHASSEE, FLORIDA