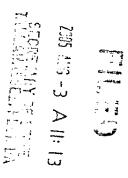
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(Request	or's Name)	
	Address)	
	Address)	
(City/Stat	e/Zip/Phon	⊋#)
PICK-UP		WAIT	MAIL
(Business	s Entity Nar	ne)
(Docume	nt Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing	Officer:	
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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor					
SUBJE	CT: R&TPR	OPERTY, LLC (Name of Limited	d Liability Con	npany)		
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for fil	ing.		
Please	return all corresp	ondence concerning this matte	r to the follow	ing:		
	RICHAR	D O LENCE				
			Name of Person)			
R&	r property, i	LLC .				
		(1	Firm/Company)			•
	11720 FOR	EST HILLS DRIVE	<u> </u>			
			(Address)			
	TAME	PA, FL 33612			e e	
			State and Zip Co	ode)		
For fun	ther information	concerning this matter, please	call:			
RICHA	ARD O LENCE		at (813	930-8913		
	(Name	of Person)	(Area C	ode & Daytime To	elephone Number)	
Enclos	ed is a check fo	or the following amount:			725 725 725	
		☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy y is enclosed)	1 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection Till Words orporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
R & T PROPERTY, LLC		
ARTICLE II - Address: The mailing address and street address of th	te principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
11720 FOREST HILLS DRIVE	11720 FOREST HILLS DRIVE	
TAMPA, F1. 33612	TAMPA, FL 33612	
ARTICLE III - Registered Agent, Register		's Signature:
CAROL A VANCE CPA JO	PA	
Na	une	• •
411 55TH STREET		
Florida stree	e address (P.O. Box <u>NOT</u> acceptable)	•
ST PETE BEACH	rl 339010	
City, Sta	nte, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as i	in this certificate, I hereby accept to acity. I further agree to comply wit e performance of my duties, and I a	the appointment as th the provisions of all im familiar with and
Rogistered Age	ont's Signature	705 LUS -3
(CONT	'INUED)	

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The hame and address		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	·
MGR	RICHARD O. LENCE	_
	11720 FOREST HILLS DRIVE	. 1. ±1¥1 € ±
	TAMPA, FL 33612	
MGR	THOMAS HOBSON	
	802 E ORCHID AVENUE	÷ ÷
	TAMPA, FL 33612	The same of the sa
	1AM A, 1 2 330 12	
<u> </u>		
		· *** * * .
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(Use attachment if nec	essary)	
(000 0000000000000000000000000000000000		
NOTE: An additiona	Il article must be added if an effective date is requested.	
	4	•
REQUIRED SIGNAT	TURE:	
	The same	
Signa	ature of a member or an authorized representative of a member.	
(In ac of thi	ecordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury t the facts stated herein are true.)	
RIC	HARD O. LENCE	
	Typed or printed name of signee	20 <u></u>
	The state of the s	
Filing Fees:		# ALER

\$125.00 Filing Fee for Articles of Organization and Designation

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