L05000104945

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF OCT 21 PM 12: 00

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Tony	Rogers Property In	vestments LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Tony Rog	jers		
	(1	Name of Person)	
Tony Rog	ers Property Inve		
	(Firm/Company)	
2308 Ast	er Way		
		(Address)	
<u>Tallahas</u>	see, FL 32308		<u> </u>
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Tony Rogers		at (850) 445-27 (Area Code & Daytime T	27
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Tony Rogers Property Investments LLC			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the Limited Liability Con	npany	is:
Principal Office Address:	Mailing Address:		
1420 Hales Hollow Dr.	1420 Hales Hollow Dr.		
Dunedin, FL 34698	Dunedin, FL 34698		
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:			DIVISION OF
Name		-	S7
2308 Aster Way		P.	276 216
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	05 OCT 24 PM 12: 00	RATE
Tallahassee, FL 32308	FI.	00	<u> </u>
City, State, a	nd Zip		Ç)
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appointm v. I further agree to comply with the provisi rformance of my duties, and I am familiar w	ient as ions o vith ar	s fall nd

(CONTINUED) 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:

<u>Title:</u> "MGR" = Mana, "MGRM" = Ma		Name and Address:	
MGRM		Tony Rogers 2308 Aster Way Tallahassee, FL 32308	<u> </u>
	 .		
			-
(Use attachment ARTICLE V: Effective	date, if other than the da	ate of filing: (OPT	IONAL)
(If an effective date is lis to or 90 days after the d		specific and cannot be more than five busines	ss days prior
<u>REQUIRED</u> SI	Tord	M	
	Signature of a member	or an afthorized representative of a member.	05 S

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Tony Rogers

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee