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(Requestor's Name)				
(Ad	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
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☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJE	cr: Oak Le	af Properties,	LLC		
		(Name of Limited		ny)	
The en	closed Articles of O	ganization and fee(s) are su	bmitted for filing	;.	
Please	return all correspond	lence concerning this matter	to the following:	:	
	Bruce E. S	Schmeichel			
		0	iame of Person)		
	Oak Leaf	Properties, Ll		·	·
		(I	Firm/Company)		
	613 Fairv	vay Ct.		. h. h * f	
			(Address)		
	Plant City	<u>v, FL 33565</u>	<u> </u>		
		(City/	State and Zip Code	·)	
For fur	ther information con	cerning this matter, please o	zall:		
<u>Bru</u>	ce E. Schn	neichel	at (813 (Area Cod	754-32	272
	(Name of	Person)	(Area Cod	e & Daytime Te	lephone Number)
Enclos	sed is a check for the	he following amount:			
] \$125		3 \$130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified Copy (additional copy	У	\$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation building ecutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oak Leaf Properties, LLC Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	- Mailing Address:	
613 Fairway Ct. ———————————————————————————————————	e613 Fairway Ct. Plant City, FL 33565	· ·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another	L 90
Bruce E. Schmeichel	語的 Market Community Commu	JAN 10
Name	100 m	
613 Fairway Ct.		
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)): 00
Plant City, FL 33565	FL DE	. —
City, State, ar	nd Zip	
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 registered.	us certificate, I hereby accept the appointme t. I further agree to comply with the provision formance of my duties, and I am familiar wi	rnt as rns of all ith and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bruce E. Schmeichel 613 Fairway Ct. Plant City, FL 33565
	
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than t in effective date is listed, the date must r 90 days after the date of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a men	aber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
Bruce E. Sch	meichel Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)