L06000032253

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certifled Copies	Certificates of Status
Special Instructions to	Filing Officer:
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

WIAMI, FL 33165 (305) 552-5973	
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NU	MBER(S), (if known):
1. PROFESSIONAL PROP	PERTY MANAGENTENTS
1. PROFESSIONAL PROF (Corporation Name) 2. SERVICES LLC (Corporation Name)	(Locument #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 2.00	Certified Copy
•	tocopy
NEW FILINGS AMEN	<u>IDMENTS</u>
Not for Profit Limited Liability Domestication Re Ch	nendment signation of R.A., Officer/Director nange of Registered Agent ssolution/Withdrawal erger
OTHER FILINGS REGIS	STRATION/QUALIFICATION
Fictitious Name Lir Re Tra	reign mited Partnership instatement ademark her
	Evaminar's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Property Management Services LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
8004 NW 154 Street, Mami Ques, Fl 33014 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
The name and the Florida street address of the registered agent are: ORISTINGIS anhamaria Name		
Name		
Name 8501 NW 172 St		
Florida street address (P.O. Box NOT acceptable)		
MIAMILAKES, FL1 33015 City, State, and Zip		
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		
CRISTING SANTAMARIA - MUNICIPER		
CRISTING SANTAMARIA - MANAGER JOHN F. SANTAMARIA - MANAGER		

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)