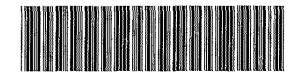
107000015701

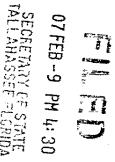
(Requ	uestor's Name)
nbbA)	ess)	
(Addr	ress)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



200087387082

02/09/07--01028--029 **125.00



COVER LETTER

TO: Registration So Division of Co						
SUBJECT: Sentinel Property Services, LLC (Name of Limited Liability Company)						
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.				
Please return all corresp	oondence concerning this matte	er to the following:				
Du	ncan & Tardif, P.A.	Name of Person)		•		
160	11 Jackson Street, S	uite 101 Firm Company)				
For	rt Myers, Florida 33	•				
		(Address)			- :	
	(City	/State and Zip Code)		SECRI	07 FE	
For further information	concerning this matter, please	call:		HASSI	6- 8 3	
	Corrine Collins at (239) 334-4574 ext 214 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for	or the following amount:			를 다	4: 30	
\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Standard Certified Copy (additional copy is e	itus &	:	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Sentinel Property Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5571 Halifax Avenue, Ft. Myers, FL 33912

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

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

Robert D. Peters 5571 Halifax Avenue, Ft. Myers, FL 33912

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 - Robert D. Peters

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.

(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 tride.)

Robert D. Peters, Member