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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL .
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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REVEIVED

DEPARTHENT OF STATE

ONVISION OF CORPORATIONS

W7-65717

COVER LETTER

то:	Registration Sec Division of Cor				blé
SUBJE	CT: Flo	Name of Limiter	a Propertie	s, LLC	
The end	closed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please 1	eturn all corresp	ondence concerning this matte	er to the following:	·	
	Farr	ell Spenc	er	<u> </u>	
		(Name of Person)		_
		((Firm/Company)		_
	121	North Monroe	Street		
		100.11 100.1100	(Address)		
	Tall	ichassee EL	37301		
,	100	lahussee, FL	/State and Zip Code)		_
For fur	ther information	concerning this matter, please	call:	O7 SE	
Fa	rrell S	spencer	at (<u>Q50</u>) <u>322</u> (Arca Code & Daytime T	-5156 E	
	(Name	of Person)	(Area Code & Daytime T	'elephone Number)	7
Enclos	sed is a check fo	or the following amount:		PHIZE	
ρ \$125	.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$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 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FEI# 26-04026	20
Florida Georgia Propert (Must end with the words "Limited Liability Company, "Limited	I Company or their abbreviation "LLC," or "LC.,")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address: 121 N. Munroc & Street #1002 7 allahassee, FL 32301	Mailing Address: P.O. Box 20633 Tallahasser, FL32316	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	
The name and the Florida street address of the representation of the Florida street address of the Flo	roe Street # 1002 ress (P.O. Box <u>NOT</u> acceptable)	
liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with histories agent as provided for in Chapter 608, F.S	
Registered Agent's Signatul	JUN 22 PH AHASSEE, F	,
Page 1 of 2	12: 31 LORID	

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

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

effective date is listed, the date must be specific and cannot be more than five busines to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. An 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 true.) Farrell Speycer 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)	T!Al	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 6/22/07 (OPTIONAl effective date is listed, the date must be specific and cannot be more than five busines to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. An accordance with section-08.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Farrell Spencer Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent S 3.00.00 Certified Copy (Optional)	"MGR" = Manager	Name and Address:
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