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DELICATION OF CORPORATION TALLAHASSEE, FLORIDA

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SECRETARY OF STAIL
ANASSEE, FLORE

07-81340 Qe

COVER LETTER

TO: Registration Division of C			
SUBJECT. ACL F	Properties LLC		
SUBJECT.		ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
Mike Blan	kenship		
		(Name of Person)	
ACL Prop	erties LLC		
		(Firm/Company)	
8614 Milfe	ord Ct.	,	
		(Address)	
Tallahass	see, FL 32312	(0.1)	
	(Cı	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Mike Blankens	ship	at (850) 590-830	0
	e of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check f	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 Corporations Clifton Building 2661 Executive Center O Tallahassee, FL 32301	_ , •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			11111
ARTICLE I - Name:			
The name of the Limited Liability Company is:			
and name of the Sminet Sharing Company is.			
40LD: # 110			
ACL Properties LLC	·····		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	incinal office of the Limited Liab	bility Comp	anv is:
F			
Principal Office Address:	Mailing Address:		
8614 Milford Ct.	8614 Milford Ct.		
Tallahassee, FL 32312	Tallahassee, FL 32312		
ARTICLE III - Registered Agent, Registered	Office & Peristand Agent's	Sianature	
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 re	egistered agent are:		
Mike Blankenship			
Name			
Name			
8614 Milford Ct.			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)		
Tallahassee, FL 323	12,		
City, State, a			
Having have represed as projectioned amount and to a	recent namice of muchass for the si	hana stated l	imitad
Having been named as registered agent and to a liability company at the place designated in the	<u> </u>		
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			
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		TAS C	
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Registered Agent's Signatu	ire (REQUIRED)		
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(CONTINI	U ED)	2: 20 STATE LORIC	•
Page 1 of 2	2		

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:				
		Name and Address:		
"MGR" ≈ Mana				
"MGRM" = Ma	naging Member			
MGRM		Mike Blankenship		
		8614 Milford Ct.		
		Tallahassee, FL 32312		
MGRM		Karen L Blankenship		
<u> </u>		8614 Milford Ct.		
		Tallahassee, FL 32312		
******	 -			
				
				
	 -			
				
CLE V: Effective		e date of filing: (OP		
CLE V: Effective	date, if other than the	e date of filing: (OP) De specific and cannot be more than five busin		
CLE V: Effective	e date, if other than the isted, the date must be late of filing.) IGNATURE:	be specific and cannot be more than five busing		
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