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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETANY OF STATE
TALLAHASSEE FLORID.

Alison C. Collier 2327 S.E. 19th Circle Ocala, FL 34471 (352) 572-4315

July 7, 2008

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

Dear Sir or Madam:

I am enclosing a check in the amount of \$130.00 for the filing fee and Certificate of Status; along with the Articles of Organization for Collier Commercial Properties, LLC.

My address and daytime phone number can be found in the letterhead. Thank you for your attention to this matter.

Sincerely,

Alison C. Collier

Enclosures

COVER LETTER

Division of C		
_{subject:} Collie	er Commercial i	Properties, LLC
		ited Liability Company)
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corresp	pondence concerning this ma	tter to the following:
Alison C	Collier	
<u></u>		(Name of Person)
		(Firm/Company)
2327 S.I	E. 19th Circle	
		(Address)
Ocala, F	L 34471	127.0.1
	(C)	ity/State and Zip Code)
For further information	concerning this matter, pleas	se call:
Alison C Collier		_ _{at (} 352 ₎ 572-4315
(Name of Person)		(Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

FILE U

8 JUL -8 AM IO: 29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Collier Commercial Properties	LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2141 N.E. 2nd St.	2327 S.E. 19th Circle
Ocala, Florida 34470	Ocala, Florida 34471
The name and the Florida street address of the re Alison C Collier	gistered agent are:
Name	
2141 N.E. 2nd St.	
	ess (P.O. Box <u>NOT</u> acceptable)
Ocala,	_{FL} 34470
City, State, an	d Zip
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED) Page 1 of 2 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:
MGRM	Alison C Collier 2327 S.E. 19th Circle Ocala, FI 34471
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>July 6, 2008</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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 true.)

Alison C Collier

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)

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