# L0900063268

(Requestor's Name)
(Address)
,
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(=,,
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SECRETARY OF STATI

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N. Outligan

# **COVER LETTER**

TO: Registration Division of	on Section Corporations	
SUBJECT:	Twe	nty Properties LLC
		ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corr	respondence concerning this ma	tter to the following:
		Fanie Botha Name of Person
<u> </u>	I wei	nty Properties LLC Firm/Company
	Р	O.Box 551098
		Address
	Jacksonvi	lle, Florida 32255-1098
		ty/State and Zip Code
		bot@comcast.net for future annual report notification)
For further informati	on concerning this matter, pleas	e call:
	anie Botha	_at (904)316-2410
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fe	e \$\int\\$130.00 \text{ 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin	ne: mited Liability Company	is:	
	,		
	Twenty Prop	perties LLC	
(Mu	st end with the words "Limited Li	ability Company," "L.L.C.," or "LLC."	)
ARTICLE II - Add	dress:		
The mailing address	s and street address of the	principal office of the Limite	d Liability Company is:
Principal Office A	ddress:	Mailing Address:	
7865 Monterey Baccsonville, Flori		P.O. Box 551098 Jacksonville, Florida 3	2255
(The Limited Liability Co		red Office, & Registered Agegistered Agent. You must designate an	
The name and the F	lorida street address of th	ne registered agent are:	
	Leonard M.	Alterman Esq.	HAZ AZ
	Na	me	SERY 9
	9218 Cypress	Green Drive #11	
	Florida street address (P	P.O. Box NOT acceptable)	
	Jacksonville, FL 3225	56 <sub>FL</sub>	STANDARIDA
	City, State	e, 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 (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:

"MGR" = Man		Name and Address:	
	ager anaging Member		
MOKM - M	anaging Memoer		
MGRM		Mark Chapman III	
		7865 Monterey Bay Drive	
		Jacksonville, Florida 32256	···
MGRM		Fanie Botha	
		5518 Grove Avenue	
		Jacksonville, Florida 32211	
	<del></del>		
			·
(Use attachmer	it if necessary)		
(Use attachmen	nt if necessary)		
CLE V: Effective	e date, if other than th	ne date of filing: (C	OPTIONAL)
CLE V: Effective factive	e date, if other than th	ne date of filing: (Colore than five bus	OPTIONAL)
CLE V: Effective	e date, if other than th	ne date of filing: (Compared the specific and cannot be more than five bus	OPTIONAL)
CLE V: Effective date is 0 days after the	re date, if other than the listed, the date must date of filing.)	ne date of filing: (Compare than five business)	OPTIONAL) siness days
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CLE V: Effective date is 0 days after the	re date, if other than the listed, the date must date of filing.)  SIGNATURE:  Signature of a member o	be specific and cannot be more than five bus	siness days
CLE V: Effective date is 0 days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document contracts.	be specific and cannot be more than five bus ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury	siness days
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CLE V: Effective date is 0 days after the	se date, if other than the listed, the date must date of filing.)  SIGNATURE:  Signature of a member of this document contract the facts stated here.	ber of an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury increin are true.)	siness days   O9 JUN 29

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)