212000018736

(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:			





100219088341

01/25/12--01012--019 **125.00

2012 FEB -6 AM 8:42
SECRETARY OF STATE

SAULSBERRY EXAMINER FEB 8 2012

COVER LETTER

Division of Corporations				
SUBJECT: LJA O Properties Lake Worth, LLC Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
James DeSovsa				
CyAO Properties Lake Worth, LLC				
356 W Thatch Palm Cricle #102				
JUPHER PL 33458				
redestate minded @aol. comes				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
James Do Gover 571 591 7343 00 1				
Name of Person at (Sol) John John Area Code & Daytime Telephone Number Sol &				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional co				
Mailing Address Registration Section Registration Section Registration of Comparations				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Of AD Properties Must end with the words "Limited Liabilation of the control of	Lalle Worth LLC Ty Company, "L.L.C.," or "LUC.")		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability	Compan	y is:
Principal Office Address:	Mailing Address:		
356 W. Thatch Palm Cir # 102	Same	<u></u>	
Turiter Fi 33458		-	
	ered Agent. You must designate an individual apa	ture: 2012 FEB -6 AM 8: 42	
Having been named as registered agent and to ad 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 accept the obligations of my position as regist	is certificate, I hereby accept the apport I further agree to comply with the pro- formance of my duties, and I am famili	intment a ovisions o ar with a	is of all ind

Page 1 of 2

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	James RSonsa 350 W. Halch Valu (1. 1/02 Jupiter fr 33458
	2012 FEB -6 SEGRITARY SALLIAMASS
	SEE F
	STAILE STAILE
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)