## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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7ma	4.1	Address	

## FLORIDA LIMITED LIABILITY CO.

**Bottom Line Properties, LLC** 

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED	LIABILITY COMPANY			
ARTICLE I - Name				
The name of the Limited Liability Company is: Bottom Line Properties, LLC				
ARTICLE II - Address				
The mailing address and street address of the principal office of	f the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2526 SW Abney Street	2526 SW Abney Street			
Port St. Lucie, FL 34953	Port St. Lucie, FL 34953			
ARTICLE III - Registered Agent, Registered Off The name and Florida street address of the registered agent an				
Corinne Lexer				
	Name			
2528 SW Abney Street				
(P.O. Box or	Mail Drop Box NOT Acceptable)			
Port St. Lucle, FL.	34953			
	City / State / Zip)			
at the place designated in this certificate, I hereby accept t	tice of process for the above stated limited liability company the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance tions of my position as registered agent as provided for in			

Registered Agent's Signature - Corinne Lexer

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The name and address of each Mana	Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_MGR	Bradd Lexer - 2526 S.W. Abney Street, Port St. Lucle, FL 34953
MGR	Corinne Lexer - 2526 S.W. Abney Street, Port St. Lucie, FL 34953
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signature	of a member or authorized representative of a member.
The state of the s	ce with section 608.408(3), Florida Statutes, the execution of this satisfacts an affirmation under the penalties of per jury that the facts are true. )
	Corinne Lexer
•	Typed or printed name of signee