1200005/470

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. SAULSBERRY EXAMINER

APR 16 2012

COVER LETTER

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TO: Registration Se					
Division of Cor	rporations		r	1 ,8	
•					
SUBJECT: Retriev	ver Property Ser	vices LLC			
	- Name of Limit	ed Liability Company			
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		·	
Please return all correspo	ondence concerning this matt	ter to the following:			
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<u>Mark Chr</u>	<u>istopher Huebne</u>	<u> </u>			
		Name of Person			
D - L	D				
Retriever	Property Service				
		Firm/Company			
34 Three	Sisters Rd				
	<u></u>	Address		7 co	20
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Crawfordvil	le FI 32327				PF
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retrieverprop	pertyservices@gmai	I.com		<u></u>	!
	E-mail address: (to be used to	tor future annual report n	otification)		و ر
For further information of	concerning this matter, please	e call:			تة
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M Christopher Hu	uehner	a. (850) 5	45-7777	•	
		_ at (Daytime Telephone Nu	mhar	
Name (of Person	Alea Code &	Jaytime Telephone Nu	militari	
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Enclosed is a check fo	r the following amount:				
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		6: 40			
	Mailing Address	Street/Cour			
	Registration Section Division of Corporations	Registration	Section Corporations		
	P.O. Box 6327	Clifton Build			
	Tallahassee, FL 32314		ive Center Circle		
	,	Tallahassee,	FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	E I	- 1	Na	me

The name of the Limited Liability Company is:

Retriever Property Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability. Company is:

Principal Office Address:	Mailing Address:
34 Three Sisters Rd Crawfordville, FI 32327	34 Three Sisters Rd Crawfordville, Fl 32327
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Mark Christopher Hueb	ner AAA
Name	SR ω
34 Three Sisters F	Rd 문화 로 🗂
Florida street addr	ess (P.O. Box NOT acceptable)
Crawfordville	EL 32327
City, Stat	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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Mark Christopher Huebner	
	34 Three Sisters Rd	
	Crawfordville, FI 32327	
MGRM	Jessica Rene Huebner	
	34 Three Sisters Rd	
	Crawfordville, Fl 32327	
······································		2012 APK TO THE STATE OF STATE AND SEEL FLORE
Use attachment if necessary)		ROS I
F.V. Effective date if other than th	e date of filing:	. (OPTION

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.)

Mark Christopher Huebner

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)