<u>12000la435</u>

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/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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Office Use Only

G. MCLEOD

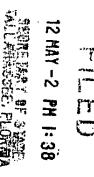
MAY - 4 2012

EXAMINER



000234322890

05/02/12--01025--002 **125.00



COVER LETTER

, , ,

TO:	Registration Section Division of Corporations	
	West Florida Properties 742 LLC	
SUBJE	Name of Limited Liability Company	-
	Name of Limited Lizotity Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Reagan Lawrence Name of Person	
•	Name of Person	
	Firm/Company	
•	9306 Mandrake Ct	
•	Address	
	Tampa FL 33647	
•	Tampa, FL 33647 City/State and Zip Code info chome buy site. com E-mail address: (to be used for future annual report polification)	
	info chome by site.com E-mail address: (to be used for future annual report notification)	
_	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Reagan Lawrence at 813 450 - 4389 Name of Person Area Code & Daytime Telephone Number	_
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing	Fe
) 123.00	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatı
	Mailing Address Street/Courier Address	
	Registration Section Registration Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ed Liability Company is:			
West	- Florida Prope	rties 742	LLC	
(Must er	d with the words "Limited Liabili	ty Company, "L.L.C.," or "LL	.C.")	-
ARTICLE II - Addre	««•			
	nd street address of the pri	incipal office of the Lir	nited Liability (Company is:
_	•	•	•	. ,
Principal Office Add	ress:	Mailing Address:		
9306 Mandi	ake Ct	9306 Mand	rake Ct	
9306 Mandr Tampa, FL	33647	9306 Mand Tampa, F	L 33647	=
				-
				-
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Registe Florida registration.) ida street address of the re	Office, & Registered ered Agent. You must designate egistered agent are:	Agent's Signat	- ture:
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Registe Florida registration.) ida street address of the re	Office, & Registered ered Agent. You must designate egistered agent are:	Agent's Signat	- ture:
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Register Florida registration.) ida street address of the re Reagan Name	Office, & Registered ered Agent. You must designate egistered agent are:	Agent's Signat	- ture:
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Register Florida registration.) ida street address of the re Reagan Name	Office, & Registered	Agent's Signat	- ture:
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Registered Florida registration.) ida street address of the re Reagan Name 9306	Office, & Registered ered Agent. You must designate egistered agent are: Awren Ca Mandrake Ct	Agent's Signate an individual or an	ture: nother 12 MAY - 2
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Register Florida registration.) ida street address of the re Reagen Name 9306 Florida street address address	Office, & Registered ered Agent. You must designate egistered agent are:	Agent's Signate an individual or an	- ture:

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	A. Leurence
MGIC	Reagan Lawrence 9306 Mandrake Ct Tampa, FL 33647
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: $\frac{4/24/20/2}{20/2}$. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

(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

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

constitutes a third degree felony as provided for in s.817.155, F.S.)

Reagan

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)