## 1200105005

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only

G. MCLEOD

AUG 1.5 2012

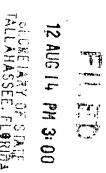
EXAMINER



700237716557

07/23/12--01011--012 \*\*130.00





W2-3920h

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: The E	Executive Property Docto	r, LLC
		ed Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corn	respondence concerning this matt	er to the following:
Justin Ulm	1	Name of Person
The Exec	utive Property Doctor, LL	· · · · · · · · · · · · · · · · · · ·
		Firm/Company
PO BOX	9143	
		Address
Miramar Be	each, FL 32550	
		y/State and Zip Code
justinulm@	gmail.com  E-mail address: (to be used f	or future annual report notification)
For further informati	on concerning this matter, please	,
Justin Ulm		at (850 ) 699.0559
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	c for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & 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 - Nam The name of the Lin	e: nited Liability Company is	::	
(Mus	The Executive Protection tend with the words "Limited Liab	perty Dactor, LLC ility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Add The mailing address		orincipal office of the Limited I	Liability Company is:
Principal Office Ac	ldress:	Mailing Address:	
112 Shi Miramer	Brech, FC 32550	PO Box 9143 Miranar Beach, 325	3 FL SO
(The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Regitive Florida registration.)	d Office, & Registered Agent stered Agent. You must designate an ind	
Having been named liability company registered agent and statutes relating to	Florida street ad Florida street ad Miraman Beach City, S d as registered agent and to y at the place designated in d agree to act in this capaci of the proper and complete p	Im  Idress (P.O. Box NOT acceptable)  FL 32550  tate, and Zip  accept service of process for the this certificate, I hereby accept ty. I further agree to comply will be reformance of my duties, and I distered agent as provided for in	e above stated limited the appointment as th the provisions of all am familiar with and

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:

•	ger	Name and Address:
"MGRM" = Mar	naging Member	1
MGR		Justin Ulm Po Box 9143 Mironar Beech, FC 32550
		Po Box 9143
		MITSAST DERIN, FR JEJJU
	<del></del>	
		<del></del>
,		
Use attachment	• /	And a C.C. Common
	date, if other than the ted, the date must hate of filing.)	e date of filing: (OPTION oe specific and cannot be more than five business d
E V: Effective ective date is lis lays after the da	date, if other than the ted, the date must be ate of filing.)	e date of filing: (OPTION to specific and cannot be more than five business d
E V: Effective ective date is lis lays after the da	date, if other than the ted, the date must be ate of filing.)	
EV: Effective ective date is lis lays after the date is lays after the date is lays after the date is lays after the lays after	date, if other than the sted, the date must hate of filing.)  GNATURE:  Signature of a member or dance with section 608 utes an affirmation under ware that any false information for the section for the sect	et date of filing:
EV: Effective ective date is lis lays after the date is lays after the date is lays after the date is lays after the lays after	date, if other than the sted, the date must hate of filing.)  GNATURE:  Signature of a member ordance with section 608 utes an affirmation under ware that any false information at third degree felonger.	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective ective date is lis lays after the date is lis lays after the date is listed after the date is listed after the date is layed after the date is layed after the date is layed after the layed af	date, if other than the sted, the date must hate of filing.)  GNATURE:  Signature of a member ordance with section 608 utes an affirmation under ware that any false information at third degree felonger.	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)