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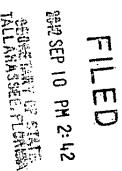
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J. BRYAN

SEP 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST STEP PROPERTY MANAGEMENT, 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:

TIMOTHY J. MANKO			
	Name of Person		N2 SEP 1
	Firm/Company		
506 TIVOLI COURT			PH 2:12
	Address	•	5
ALTAMONTE SPRINGS, FL	ORIDA 327	01	
Ci	ity/State and Zip Coo	ie	
timothymanko@gmail.com			
E-mail address: (to be used	for future annual rep	oort notification)	_
For further information concerning this matter, pleas	se call:	•	
Tim Manko	_ _{at (} 407	4880076	
Name of Person	Area Cod	le & Daytime Tele	ephone Number
Enclosed is a check for the following amount:			
125.00 Filing Fee \$\bigs\\$130.00 Filing Fee &\bigs\\$Certificate of Status	\$155.00 Fili Certified Co (additional co		\$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 - Name:

The name of the Limited Liability Company is:

FIRST STEP PROPERTY MANAGEMENT, 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:
506 Tivoli Court	506 Tivoli Court
Altamonte Springs, Fl 32701	Altamonte Springs, Fl 32701
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Timothy J. Mank	«о
	Name

Florida street address (P.O. Box <u>NOT</u> acceptable)

Altamonte Springs

EI 32701

City, State, and Zip

506 Tivoli Court

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Timothy J. Manko
<u></u>	506 Tivoli Court
	Altamonte Springs, Fl 32701
	·
	
(Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felon	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)
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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)