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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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04/28/14--01041--003 **160.00

Effective Date 5/1/14

MAY -1 2013 T. HAMPTON

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Ottley Real Estate LLC Name of L	imited Liability Company	
	Articles of Organization and fee(s)	_	
Please return	all correspondence concerning this	matter to the following:	
J	ared Ottley		
	<u> </u>	Name of Person	
		•	
_		Firm/Company	<u> </u>
		1 .,	
<u>8</u>	117 Navarre Pkwy		
		Address	
۸.	lavorro El 22566		
<u>1</u> 2	lavarre, FL 32566	City/State and Zip Code	
Kcottley	@hotmail.com E-mail address: (to be us	ed for future annual report notification	ation)
For further in	formation concerning this matter, pl	·	,
roi futulei ili	formation concerning this matter, pr	ease carr.	
Jared Ottley	, at (850) 939-0757	
	Name of Person	Area Code Daytime Te	lephone Number
_	check for the following amount:	_	
□ \$125.00 Filin	g Fee ☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	racc
	Registration Section	Registration Section	
	Division of Companions	Division of Company	elama

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 5 1 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Ottley Real Estate LLC	
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8117 Navarre Pkwy Navarre, FL 32566	8117 Navarre Pkwy Navarre, FL 32566
The Limited Liability Company cannot serve as innother business entity with an active Florida reg	its own Registered Agent. You must designate an individual of sistration.)
(The Limited Liability Company cannot serve as i another business entity with an active Florida reg	its own Registered Agent. You must designate an individual of sistration.)
another business entity with an active Florida reg The name and the Florida street address of the reg Jared Ottley 1755 Snapdragon Dr.	its own Registered Agent. You must designate an individual of istration.) gistered agent are:
(The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg Jared Ottley 1755 Snapdragon Dr.	its own Registered Agent. You must designate an individual distration.) gistered agent are: Name

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 APR 28 PH 3: 07
SECRETARY OF STATE

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Jared Ottley
	1755 Snapdragon Dr.
	Navarre, FL 32566
AMBR	Karina Ottley
	1755 Snapdragon Dr.
	Navarre, FL 32566
MADD	Landline Office
AMBR	Jonathan Ottley
	2858 PGA Blvd.
	Navarre, FL 32566
In attachment (funccionami)	
Jse attachment if necessary)	
Use attachment if necessary)	CORTIONAL CONTIONAL CONTIO
V: Effective date, if other than th	ne date of filing: May 1, 2014
V: Effective date, if other than the tive date is listed, the date must	ne date of filing: <u>May 1, 2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) FILED
2014 APR 28 PH 3: 07
SECRETARY OF STATE ASSEE, FLORIDA