L14000103709

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
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COVER LETTER

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:	
S. PRICE Proper	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 NE CRYSTAI STrEET CRYSTAI RIVER FL 34428	CRYSTAL RIVER, FL. 34428
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	gent are:
Stephanie	A. Peics
Name	
Florida street address (P.O. Box M	USTA1 Dr.
CRYSTAI RIVER	
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance rations of my position as registered agent as provided for in
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D)
Page 1 of 2	120 A 100 A
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The name and address of each person author	orized to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBE	Stephanie A. Price 110 DE CRYSTAL St. CRYSTAL RIVER, FL 31	142-
		,
effective date is listed, the date must be speci	of filing: <u>June 34, 2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 d	ays afti
CLE V: Effective date, if other than the date of effective date is listed, the date must be specite of filing.)	of filing: June 34, 2014. (OPTIONAL) cific and cannot be more than five business days prior to or 90 d	ays afte
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)	of filing: June 34, 2014 (OPTIONAL) cific and cannot be more than five business days prior to or 90 d	ays afte
CLE V: Effective date, if other than the date of effective date is listed, the date must be specified of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under the section forms are that any false informs.)	of filing: June 34, 2014. (OPTIONAL) cific and cannot be more than five business days prior to or 90 d The or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 1.0203 (1) (b) and the comment to the Department of State as provided for in s.817.155, F.S.)	ays afte
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under to I am aware that any false information constitutes a third degree felony.	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	
REOUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under to I am aware that any false informations; the constitutes a third degree felony.)	aber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. action submitted in a document to the Department of State as provided for in s.817.155, F.S.) Parie A. Peice Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent	

ARTICLE IV-