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2014 AUG 29 AN ID: 5

## **COVER LETTER**

TO:

то:	Registration Section Division of Corporations				
SUBJ	ECT: Ferrell Property Services, LLC Name of Li	mited Liability Company			
The er	nclosed Articles of Organization and fee(s) a	are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
	David Ferrell	Name of Person			
		Name of Person			
	Ferrell Property Services, LLC			ميخت	2
		Firm/Company			7014 AUG 29
	522 E. 7th Avenue		:	HAS	5
		Address		SE SE	
	<u>Tallahassee, Florida 32303</u>			- F.S.	
		City/State and Zip Code			ز
<u>.g</u>	eronimo@nettally.com	ed for future annual report notifica	ution)		
For fu	rther information concerning this matter, ple	•	uon)		
101101	timer information concerning this matter, pre	ase can.			
David	· · · · · · · · · · · · · · · · · · ·	850 <u>545-4286</u>			
	Name of Person	Area Code Daytime Tel	ephone Number		
Enclos	sed is a check for the following amount:				
<b>☑</b> \$125.0	00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filin Certificate of Certified Cop (additional copy	Status &	d)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ferrell Property Services, LLC	NY I W. O. W. A. I. O. D. W. A. I. O. D.
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
522 E. 7th Avenue	522 E. 7th Avenue
22 E. 7th Avenue  Tallahassee, Florida 32303  RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual other business entity with an active Florida registration.)  e name and the Florida street address of the registered agent are:  William E. Sundstrom  Name  2548 Blairstone Pines Drive Florida street address (P.O. Box NOT acceptable)	Tallahassee, Florida 32303
Name	e
Florida street address (P.O. Bo	x NOT acceptable)
Tallahassee	FL 32301
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company as pt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S  Additional Requirement (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

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