## L14000139679

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

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	SUBJEC	CT: <u>Still Poi</u> r	nt Property Ma	aintenance 8 Name of Lim	Management, I	LLC	<del></del>
	The encl	osed Articles	of Organization	n and fee(s) ar	e submitted for fil	ing.	
	Please re	eturn all corres	spondence conc	erning this ma	atter to the follow	ing:	
		<u>Donna J.</u>	Lamont		Name of Person	n	
				<u> </u>	Firm/Company	7	
		10263 Th	ousand Oaks	Circle	Address	_	
		Tallahass	ee, Fl 32309			~ '	
				C	ity/State and Zip (	Code	
	<u>don</u>	najean051@	Gmail.com E-mail addre	ss: (to be used	l for future annua	report notifica	tion)
	For furth	er information	n concerning th			•	,
	Donna .	J. Lamont Nam	ne of Person	at ( <u>_8</u>	50 ) <u>894</u> Area Code	-0899 Daytime Tel	ephone Number
	Enclosed	d is a check for	r the following	amount:			
	<b>1 \$</b> 125.00	Filing Fee	☑\$130.00 Fi Certificate		S155.00 Filir Certified Cop (additional copy	рy	□\$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:		对 202
Still Point Property Maintenance and Management	LLC	
(Must end with the words "Limited	l Liability Company, "L.L.C.," or "LLC	·
ARTICLE II - Address:		<u> </u>
The mailing address and street address of the principal of	office of the Limited Liability Company	PAI III
Principal Office Address:	Mailing Address:	<b>克里</b>
10263 Thousand Oaks Circle Tallahassee, Fl 32309	same	<del></del>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	Registered Agent. You must designate	an individual or
The name and the Florida street address of the registered	i agent are:	
Donna J. Lamont		
Name		
10263 Thousand Oaks Circle		
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
Tallahassee	FL 32309	
City	Zip	
Having been named as registered agent and to accept se	ervice of process for the above stated lim	ited liability compa

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)

Page 1 of 2

(CONTINUED)

litle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Donna J. Lamont
	10263 Thousand Oaks Circle
	Tallahassee, Fl 32309
AMBR	William R. Lamont
	10263 Thousand Oaks Circle
	Tallahassee, Fl 32309
Use attachment if necessary)  EV: Effective date, if other than the dactive date is listed, the date must be so filling.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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