## 114000167470

(Re	equestor's Name)
(Ad	ddress)
(A)	ddress)
<b>(</b> "	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
	•
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
5-	Office Use Only



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OCT 28 2014 T CLINE

## **COVER LETTER**

TO: Registration Section Division of Corporations	me of Limited Liability Company	100
SUBJECT: SUB	me of Limited Liability Company	yard Properties
INa	the of Limited Liability Company	LLC
The enclosed Articles of Organization and		
Please return all correspondence concerns	ing this matter to the following:	
·		
Edward Flanagan	Name of Person	
	Name of Person	
	Firm/Company	
	. in a company	
1720 Werner DR		200 200 200 200 200 200 200 200 200 200
	Address	
Alua El 22020		724
<u>Alva, FL 33920</u>	City/State and Zip Code	Tè 🔭 Tì
eflanagan75@gmail.com	· · · · · · · · · · · · · · · · · · ·	
E-mail address:	(to be used for future annual report notification)	8
For further information concerning this m	atter, please call:	The state of the s
Edward FLanagan	at ( 646 ) 388-1982	
Name of Person	Area Code Daytime Telephone Numb	per
Enclosed is a check for the following amo	ount:	
☑ \$125.00 Filing Fee ☐\$130.00 Filing Certificate of	Status Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &
Mailing Address  Positivation Section	Street/Courier Address  Projection Section	
Registration Section	Registration Section	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Principal Office Address:		•	
T THEIDAL OTHER PURE STATE	Mailing Address:	503	
3900 Palm Beach Blvd	1720 Werner Dr	<u> </u>	سة نسب
Fort Myers, FL 33916	Alva, FL 33920	)   (CT 24	1
E 1   E1			
Edward Flanagan	Name		
Edward Flanagan	Name		
1720 Werner Dr	Name  P.O. Box NOT acceptable)		
1720 Werner Dr			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	R" = Authorized Me	ember	Name and Address:		
	= Manager				
<u>MGR</u>	MGR		Raymond Moore		
			6000 Stonecrest Dr		
			Bedford, IN 47421		
MGR			Edward Flanagan	7. 2	į
<u></u>			1720 Werner Dr	7	•
			Alva, FL 33920	- F. F. S	77
				<u> </u>	
				יין אין אין אין אין אין אין אין אין אין	<b>1</b> 5
				<del></del>	00
					·
(Use att	tachment if necessa	ry)	(St) 10 / 111		
			iling: 10/22/14. (OP c and cannot be more than five business day	TIONAL) /s prior to or 90 d	ays after
RTICLE VI: C	Other provisions, if a	ny.			
REQU	IRED SIGNATUR	E:			
	Sign	ature of a membe	er or an authorized representative of a men 03 (1) (b), Florida Statutes, the execution of t	nber.	

Filing Fees:

Edward Flanagan
Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)