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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE ALLAHASSEE, FLORID,

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## COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: ALL HANDS PROPERTY MANA		
Name of L	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
DANIEL R LEE		
DANIEL N LEE	Name of Person	• "
•		
	Firm/Company	
3254 VALEMOOR DRIVE	Address	
	11021000	
PALM HARBOR, FL 34685		
	ity/State and Zip Code	
MLEE58@TAMPABAY,RR,COM		
E-mail address: (to be used	d for future annual report notifica	ition)
For further information concerning this matter, plea	ise call:	
	727 ) <u>479-3675</u>	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing 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 Addr	ress
Registration Section	Registration Section	
Division of Corporations	Division of Corporati	ions
P.O. Box 6327 Tallabassee, FI 32314	Clifton Building	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ALL HANDS PROPERTY MANAGEMENT LLC (Must end with the words "Limite"	ed Liability Company, "L.L.C.," or "LL	
ARTICLE II - Address: The mailing address and street address of the principal	•	
Principal Office Address:	Mailing Address:	
3254 VALEMOOR DRIVE PALM HARBOR, FL 34685	3254 VALEMOOR DRIVE PALM HARBOR, FL 34685	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designat	e an individual or
The name and the Florida street address of the registere	d agent are:	
DANIEL R LEE Nam	e	
3254 VALEMOOR DRIVE Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
PALM HARBOR City	FL 34685 Zip	
Having been named as registered agent and to accept se 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-	ot the appointment as registered agent a of all statutes relating to the proper and	and agree to act in this d complete performance
D-last	<u> </u>	· ·
Registered Agent's Signa	ature (REQUIRED)	ALL SEC
(CONTINU	JED)	14 NOV 25 / ECRETARY ( LLAHASSEE
Page 1 of 2	2	25 AM 9: NRY OF STANSSEE, FEOR

DANIEL R LEE Typed or printed name of signee  Typed or printed name of signee	<u>.</u>	Name and Address:	
MGR  DANIEL R LEE  3254 VALEMOOR DRIVE PALM HARBOR, FL 34685  JOHN R LEE  7316 BRIGHTWATERS COURT NEW PLAT Richey, FL 34685  AMBR  MARY LYNN LEE  3254 VALEMOOR DRIVE PALM HARBOR, FL 34685  (Use attachment if necessary)  E V: Effective date, if other than the date of filing: 01-02-2015 (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  DANIEL R LEE  Typed or printed name of signee			
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AMBR  MARY LYNN LEE  7316 BRIGHTWATE'S COURT NEW PART RICHEY, FL 34483  AMBR  MARY LYNN LEE  3254 VALEMOOR DRIVE PALM HARBOR, FL 34685  (Use attachment if necessary)  E V: Effective date, if other than the date of filing: 01-02-2015 (OPTIONAL) servive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  DANIEL RLEE  Typed or printed name of signee	<u> </u>		-
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ARTICLE IV-