## 15000028912

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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KOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

ID HEB IT PM 2:3



FEB 1 7 2015 **T. HAMPTON** 

**COVER LETTER** TO: Registration Section **Division of Corporations** Up tow Min: Proporty, Wh The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EM Banks Name of Person Firm/Company Morron Cd. Tallahossee FL 32303 Address bankself e gracil Lom

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Banks at (813) 507-1407

Name of Person Area Code Daytime Telephone Number

Mailing Address

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

,

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

■\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

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

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Emitted Liability Company is.	
Uptown Mini Prope	sty LLC nited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1592 Masson Lt. Tallahassee FI 52303	
Tallohossee \$1 37303	
APTICLE III Designand Agent Designand Off	ing & Degistered Agent?a Signature.
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or
another business entity with an active Florida registr	
The name and the Florida street address of the regist	ered agent are:
Fly Brevisles	Banks
N	ame
1-62 Ma	rion 14

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)

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

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15 FEB 17 PH 2: 32

Title: "AMBR" = Authorized	Member	Name and Address:
"MGR" = Manager		Boungler Barks
		7411 dhosse 12 2303
MGR		27 Banks
		1588 Maston 14.
		- Fallwwsite for
(Use attachment if neces	ssary)	
·	-	(OPTIONAL)
CLE V: Effective date, if o	ther than the date of filing:	(OPTIONAL) I cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if o effective date is listed, the le of filing.)  CLE VI: Other provisions, in the least of the le	ther than the date of filing: date must be specific and if any.  URE: ignature of a member or	an authorized representative of a member.
CLE V: Effective date, if o effective date is listed, the te of filing.)  CLE VI: Other provisions, in the second	ther than the date of filing: date must be specific and if any.  URE: ignature of a member or e with section 605.0203 (	d cannot be more than five business days prior to or 90 days

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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