

L15000034624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

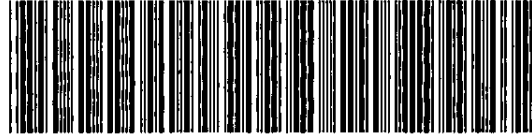
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500268721305

01/30/15--01015--006 **160.00

25-8916

FILED
15 FEB 24 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 25 2015

COVER LETTER

**TO: Registration Section
Division of Corporation**

SUBJECT: ARCHER PROPERTY MANAGEMENT RENTALS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALARIE ARCHER
Name of Person

Archer Property Management Rentals LLC
Firm/ Company

P.O. Box 1543
Address

Winter Haven, FL 33882
City/State and Zip Code

archerpropertymgmt@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valarie Archer at (863) 280-8483 or (863) 875-2104

Name of Person	Area Code	Daytime Telephone 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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2015

VALARIE ARCHER
P.O. BOX 1543
WINTER HAVEN, FL 33882

SUBJECT: ARCHER PROPERTY MANAGEMENT LIMITED LIABILITY
COMPANY
Ref. Number: W15000008916

We have received your document for ARCHER PROPERTY MANAGEMENT LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 515A00002538

RECEIVED
15 FEB 24 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of Limited Liability Company is:

Archer Property Management Rentals Limited Liability Company

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**1015 W. Lake Hamilton Dr.
Winter Haven, FL 33881**

Mailing Address:

**P.O. Box 1543
Winter Haven, FL 33882**

ARTICLE III - Registered, Agent Registered Office, and Registered Agents Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with a an active Florida registration.)

The Name and the Florida street address of the registered agent are:

Valarie F. Archer

Name

**1015 W. Lake Hamilton Dr.
Winter Haven, FL 33881**

FILED
15 FEB 24 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as the 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 of 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 obligation of my position as registered agent as provided for in Chapter 605, FS

Valarie Archer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

Chief Executive Officer

Valarie Archer
1015 W. Lake Hamilton Dr.
Winter Haven, FL 33881

President

Anton P. Archer
1015 W. Lake Hamilton Dr.
Winter Haven, FL 33881

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the filing.)

ARTICLE VI: Other provisions if any:

None: _____

FILED
14 FEB 24 PM 4:06
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or 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. I 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.)

ANTON P. ARCHER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles Of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)