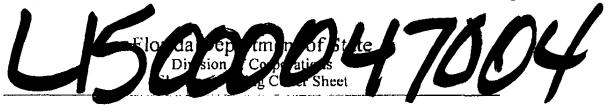
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 : (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. Delta Property Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

J. BRUCE

## COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT: Dolta	Property Solutions, LLC Name of Li	mited Liability Company				
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.				
Please return all corr	espondence concerning this n	natter to the following:				
		Name of Person		-		
CT Corp	oration System	Firm/Company		<del></del> -		
_515 Enst	Park Avenue	Address		_		
Tallahass	ee, FL 32301	· · · · · · · · · · · · · · · · · · ·			193	
	(	City/State and Zip Code		<del></del>	= 21	and kert
jchickadel@delt	n-eńkiuskius com					etalesen etalesen
	E-mail address: (to be use	d for future annual report notific	ation)	芸芸。		grana.
For further information	For further information concerning this matter, please call:				Qλ	∯ Si <sup>n</sup> ter to
					70	4 4 5
		850 ) 222-1092		<i>⊆</i> (7)	**	1 75
Nai	ne of Person	Area Code Daylime Te	lephone Number	STATE	20	
Enclosed is a check f	or the following amount:			1.0		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo			

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassoe, FL 32314

Street/Conrier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name; The name of the Limited Liability Company is:	
Delta Property Solutions, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
150 Aviation Drive Palm Coast, FL 32164	150 Aviation Drive Palm Coast, FL 32164
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	Registered Agent's Signnture: Registered Agent. You must designate an Individual or agent are: In System  Island Road
Plantation City	FL 33324 Zip
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605 F.S  Madonna Cuddiny  Special Assistant Secretary

Page 1 of 2

(CONTINUED)

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. . . . . . .

<u>Fitle:</u> AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
AMBR	John A. Moritz	
	150 Aviation Drive	
	Palm Coust, Fl. 32164	
ctive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days aff	ìer
V: Effective date, if other than the date	of filing:	ter
CV: Effective date, if other than the date effive date is listed, the date must be sperfiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days aff	ter
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Signature of a mer (In accordance with section and I am aware that any false information under I am aware that any false informations a third degree felony	mber or an authorized representative of a member.  1.0203 (1) (b), Plorida Statutes, the execution of this document ration submitted in a document to the Department of State ras provided for in s.817.155, F.S.)	2015 RAR 16
Signature of a mer (In accordance with section and I am aware that any false information under I am aware that any false informations a third degree felony	mber or an authorized representative of a member.  1.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true.  1.0203 (1) (c) and the facts stated herein are true.  1.0203 (1) (c) and the facts stated herein are true.  1.0203 (1) (c) and the facts stated herein are true.  1.0203 (1) (c) and the facts stated herein are true.	ZULI RER

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