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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: Good to Great Proporties, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debra Ryder Name of Person
Good to Great Properties, LLC. Firm/Company
80 NE 52 NE Court Address
Ocala, FL 34470 City/State and Zip Code
good togreat properties @ amail . com E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delora Ryder at (362) 362-7200 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Good to Great Properties, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
80 NE 52 2 Ct 80 NE 52 2 Ct OCA1a, FL 34470
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Adam Brang
Adam Brang 838 NW 125th Orive
Florida street address (P.O. Box <u>NOT</u> acceptable)
Newberry FL 32669 Zip
⊈ ity Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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
floren
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

GR" = Manager	Name and Address:	
MGR "	Debra Ryder 80 NE 52nd Court	
	Ocala FL 34478	
MGR	Adam Brang B38 NW 125 Dove	
	Newberry, 1	32669
 		3200
se attachment if necessary)		
71: Other provisions, if any.		
· · · · · · · · · · · · · · · · · · ·		
OUIRED SIGNATURE: Signature of a member	r or an authorized representative of a membe	er.
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	(1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein a	document are true.
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	(1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein a on submitted in a document to the Department of	document are true.
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ARTICLE IV-