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TALLAHASSEE, FLORIDA

4/28/15



3725 NE Pineapple Avenue, Jensen Beach, FL 34957  
Phone: 772-225-5880 / Fax: 772-497-7333

Cover Letter

Company Name: Ultimate Property Management, LLC

Name: Rob L. Lowe, AMBR

Address: 3725 NE Pineapple Avenue, Jensen Beach FL 34957

Phone: 772-225-5580 (office) 772-267-4228 (cell)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ultimate Property Management, 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:

Shayna M. Bechtel  
Name of Person

Law Offices of Shayna M. Bechtel, PL  
Firm/Company

3731 NE Pineapple Avenue, Suite A  
Address

Jensen Beach, FL 34957  
City/State and Zip Code

smbechtelsmb@lawoffices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shayna M. Bechtel at ( 772 ) 225-5830  
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

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**TALLAHASSEE, FLORIDA**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ultimate Property Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3725 NE Pineapple Avenue  
Jensen Beach, Florida 34957

3725 NE Pineapple Avenue  
Jensen Beach, Florida 34957

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.)

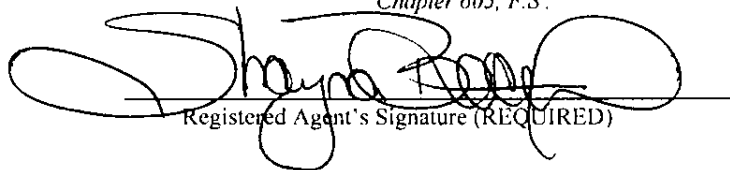
The name and the Florida street address of the registered agent are:

Shayna M. Bechtel  
Name

3731 NE Pineapple Avenue, Suite A,  
Florida street address (P.O. Box **NOT** acceptable)

Jensen Beach                      FL 34957  
City    Zip

*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)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Rob L. Lowe, Jr.  
3725 NE Pineapple Avenue  
Jensen Beach, Florida 34957

AMBR

Lori Lowe  
3725 NE Pineapple Avenue  
Jensen Beach, Florida 34957

MGR

Pamela Lowe  
3725 NE Pineapple Avenue  
Jensen Beach, Florida 34957

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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 date of filing.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Rob L. Lowe Jr*

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. 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.)

ROB L. LOWE JR  
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)

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