## #1/5000076660

(Re	questor's Name)				
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K.SALY EXAMINER MAY -1 2015



## **COVER LETTER**

	TO: Registration Section Division of Corporations
	SUBJECT: ACT II Property Managemental Services, LL 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:
	Anthony Terry Name of Person
	ACT II
<b>4</b> 14	Firm/Company
	107 Smithtown Road Address
	Address
	Chattahoochee, FL 32324 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Anthony Terry at (850) 688-0392  Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\begin{array}{c} \$\sum \$
	Mailing Address Registration Section  Street/Courier Address Registration Section

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

Division of Corporations
Clifton 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:	
ACT II Property Mana (Must end with the words "Limited Li	gement and Services LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
107 Smithtown Rd Chartahoocher FL 32324	107 Smithtown Rd Chattahoochee PL 32324
	gent are:  Try #  OT acceptable)  FL 132324  Zip  ce of process for the above stated limited liability company as
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent/s Signatur	e (REQUIRED)

Page 1 of 2

(CONTINUED)

214	The name and address of each person authorized to manage and control the Limited Liability Company:				
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Anthony C. Torry II  107 Smith John Rd Com  Chattaheochee FL 32	39 <i>u</i>	 	
	mge	Cristal D. R. Hol 1417 Nancy Drive Tanahassee, FL 3	,	- - -	
	(Use attachment if necessary)			- - - -	
(If an e the date	LE V: Effective date, if other than the date feetive date is listed, the date must be e of filing.)  LE VI: Other provisions, if any.	ate of filing: (OPTIC specific and cannot be more than five business days p	NAL) rior to or	90 day	s after
	REQUIRED SIGNATURE:	J 5_			_
	(In accordance with section constitutes an affirmation unlimate and false inf	member or an authorized representative of a member 605.0203 (1) (b), Florida Statutes, the execution of this der the penalties of perjury that the facts stated herein a formation submitted in a document to the Department of ony as provided for in s.817.155, F.S.)  Torry T  Typed or printed name of signee	document re true.	t	
	\$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)			TO THE VI	د د د د د د د د د د د د د د د د د د د

ARTICLE IV-

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