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15 MAY - 8 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. Elverson MAY 1 2015

TO: Registration Section
Division of Corporations

Subject: Anchor Property Services, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard D. Jackson
Anchor Property Services, LLC
8595 College Parkway, #350
Fort Myers, FL 33919
Rick.Jackson.Life@comcast.net

For further information concerning this matter, please call:
Douglas E. Jackson at 239-994-3209

Enclosed is a check for the following amount: \$160.00
Filing Fee, Certificate of Status, & Certified Copy (Additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anchor Property Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

610 Astarias Circle
Fort Myers, FL 33919

Mailing Address:

8595 College Parkway
Suite 350
Fort Myers, FL 33919

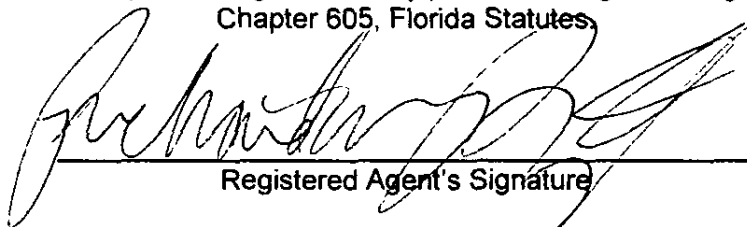
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Richard Pringle
2125 First Street, Suite 200
Ft. Myers FL 33902

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 for my position as registered agent as provided for in

Chapter 605, Florida Statutes.



Registered Agent's Signature

(CONTINUED)

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15 MAY -8 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV -

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

Title:

Name and Address:

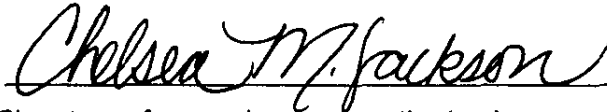
AMBR

Chelsea M. Jackson
8595 College Parkway
Suite 350
Fort Myers, FL 33919

Article V: Effective date, if other than the date of filing: _____(Optional)

Article VI: Other Provisions, if any.

REQUIRED SIGNATURE:



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 then 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 in s.817.155, F.S.

Chelsea M. Jackson

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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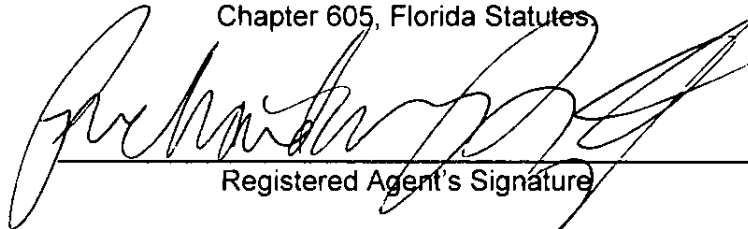
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AMBR


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