1/5000/10/90

(Re	equestor's Name)	
(Ad	ldress)	·
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
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JUN 2 9 2015 S. GILBERT



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beverley Douglas Name of Limited Liability Comp	
The enclosed Articles of Organization and fee(s) are submitted for filing	y ,
Please return all correspondence concerning this matter to the following	:
Beverley Douglas	
Name of Person	
Keller Williams Flower	ntage Realty
1351 Alafayer Trail	, Sute 100
Addiess	
Oveido, FL 3270	05
Overdo, FL 3270 douglas beverley 1520	@ amail.com
E-mail address: (to be used for future annual rep	
For further information concerning this matter, please call:	
Beverley Douglas at 321, 27	76-4111
Name of Person Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing I Certified Copy (additional copy is	Certificate of Status &
	ion Section of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

, ARTICLES OF ORGAN	IZATION FOR FLORIDALI	MITED LABILITY COMPAN	Y
ARTICLE I - Name: The name of the Limited Liability Compa	•		15 JUN 23 PM 5:00
	Douglas	L.L. C., 12	
(Must end with the	words "Limited Liability Co	ompany, "L.L.C.," or "LLC.") " " SEE. 19 147E
ARTICLE II - Address: The mailing address and street address of	the principal office of the I		
Principal Office	Address:	<u>Mailing A</u>	ddress:
Keller William 1351 Alafaya Overdo FL	15 1001, Sut 100 152,765	404 Oran Altermonte FL 32	Springs
ARTICLE III - Registered Agent, Registered Liability Company cannot sanother business entity with an active Floring Company Co	erve as its own Registered		ı individual or
The name and the Florida street address of		6	
Bo	everuey I	louging.	
	Name	1 12 17 17 17 17 17 17 17	-
60	4 Orange	Drive #177	
Florid	a street address (P.O. Box	NOT acceptable)	
$\overline{\Theta_{I_7}}$	ramonte Spr	ings FL 327	10)
	City State	Zip	-
Taving been named as registered agent and	to accept service of process	s for the above stated limited l	iability company at the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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)

Page 1 of 2

<u>Title:</u> "AMBR" = Au "MGR" = Mar	athorized Member	Name and Address:
		beverley Douglows 604 Ordings Brings #177 Altammle Springs FL 32
<u> </u>		
(Use attachment	date, if other than the date of	filing: (OPTIONAL)
CLE V: Effective effective date is like of filing.) If the date insert	date, if other than the date of sted, the date must be speci	fic and cannot be more than five business days prior to or 90 day at the applicable statutory filing requirements, this date will not be l
CLE V: Effective effective date is like of filing.) If the date insert cument's effective	date, if other than the date of sted, the date must be specied in this block does not mede date on the Department of	fic and cannot be more than five business days prior to or 90 day at the applicable statutory filing requirements, this date will not be l
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)