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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF SATION OF CORPORATION

207/14/15

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	All Performance Property 1	Management, LLC
SUBJEC		ame of Limited Liability Company
The enclo	osed Articles of Organization an	d fee(s) are submitted for filing.
Please ret	urn all correspondence concern	ing this matter to the following:
	Mark F. Parker	
		Name of Person
	All Performance Property M	anagement, LLC
		Firm/Company
	1723 Oakdale Lane East	
		Address
	Clearwater, FL 33764	
		City/State and Zip Code
	mfparker1723@hotmail.com	
	E-mail address: (to be used for future annual report notification)
For further	information concerning this ma	nter, please call:
	Mark F. Parker	727 709-9372 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following am	ount:
	Filing Fee \$\sqrt{\sq}}}}}}}}} \end{\sqrt{\sq}}}}}}}} \end{\sqrt{\sq}}}}}}}}} \end{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqint{\sq}}}}}}}} \end{\sqit{\sqrt{\sq}\	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Cornoratio	ne Division of Cornerations

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

New Filing Section 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:						
All Barformanca Pror	arty Managament III	c					
All Performance Property Management, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")							
(widst cha v	vitil the words Elimited	Liability Compa	my, b.b.c., or bbc.)				
ARTICLE II - Address:							
The mailing address and street ad	dress of the principal of	office of the Limit	ed Liability Company is:				
<u>Princips</u>	l Office Address:		Mailing Address:				
1723 Oakdale Lane E	ast	<u>1</u>	723 Oakdale Lane East				
Clearwater, FL 33764			learwater, FL 33764				
	<u></u>						
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agen on.)	gent's Signature: t. You must designate an individual or				
	_						
	Mark F Parker						
		Name					
	1723 Oakdale Lane	East					
Florida street address (P.O. Box NOT acceptable)							
	Clearwater	FL	33764				

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)

Page 1 of 2

15 JUL -8 MHI: 21

SECRETARY OF STATE

ARTICLE IV	-
The name and	ć

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

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	AMBR	Lori P. Lansing
		13668 Imperial Gr Dr. N.
		Largo, FL 33774
	AMBR	Mark F. Parker
	AMBR	1723 Oakdale Lane East
		Clearwater, FL 33764
		Clear Hatel, 1 D 33 10 1
	,	
	(Use attachment if necessary)	
	•	
RTIC	CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
If an e	effective date is listed, the date must b	be specific and cannot be more than five business days prior to or 90 days after
	te of filing.)	•
Note:	If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed as
he do	cument's effective date on the Departn	nent of State's records.
	·	
RTIC	CLE VI: Other provisions, if any.	
	1910	
	DEGLUDED CICNATUDE.	
	REQUIRED SIGNATURE	$(\mathcal{L}, \mathcal{L})$
	VIAC	6-1 H do-
	Signatura of	a member or an authorized representative of a member.
		executed in accordance with section 605.0203 (1) (b), Florida Statutes.
		false information submitted in a document to the Department of State
	i ani arrai e titat any	01 110 1018166 F.O.

constitutes a third degree felony as provided for in s.817.155, F.S.

Mark F. Parker

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)