L/60000/5398

Office Use Only



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01/15/16--01015--018 **125.00

EFFECTIVE DATE 0/14/16 JAN 15 PHI2: 376

01/27/76

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PHYLLIS LIDSHUTZ PROPERTIES,
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:
PHYLLIS LIPSHUTZ
Name of Person
Firm/Company
- 4116 KINGSTON WAY
Address
SARA SOTA, FL 34238-2634 City/State and Zip Code
ARTHURL & ARTPHYL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PHYLLIS	LIPSHUTZ F) ROPERT18	y, "L.L.C.," or "LLC.")
(Must end wit	h the words "Limited 1	Liability Compan	y, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street addr	ess of the principal off	ice of the Limited	d Liability Company is:
Principal (Office Address:		Mailing Address:
1411/2 V122 and and	L DAM		Chuc
RTICLE III - Registered Agent. The Limited Liability Company cannot business entity with an action	Registered Office, &	Registered Agent.	ent's Signature: You must designate an individual or
SARPSOTA F RTICLE III - Registered Agent	Registered Office, & nnot serve as its own R ve Florida registration.	Registered Agent)	ent's Signature: You must designate an individual or
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RTICLE III - Registered Agent. The Limited Liability Company can bother business entity with an action the name and the Florida street additional actions.	Registered Office, & nnot serve as its own R ve Florida registration. Iress of the registered a ARTHOR	Registered Agent. Ingent are: LIPSHVT Name V6STOW	You must designate an individual or Z WAY
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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 Agen's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager YYGR	Name and Address: PHYLLIS LIPSHUTZ HILD KINDSTON WAY
	SARASOTA, FL 34238
(Use attachment if necessary)	
effective date is listed, the date must be specificate of filing.)	the applicable statutory filing requirements, this date will not be

REOUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

LIS LIPSHUTZ
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)