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





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04/07/16--01020--008 **155.00



July Or

File Second

COVER LETTER

10:	Division of Corporations			
SUBJEC	Custom Property Management	t, LLC		
SUBJEC		Limited Liability Company		
The encid	osed Articles of Organization and fee(s	s) are submitted for filing.		
Please re	turn all correspondence concerning thi	s matter to the following:		
	Santino Ferrante			
		Name of Person		
	Ferrante & Associates			
	Firm/Company			
	126 Prospect Street			
		Address		
	Cambridge, MA 02139			
	fna@nii.net	City/State and Zip Code		
	E-mail address: (to be u	sed for future annual report notification)		
For further	information concerning this matter, pl	ease call:		
	Santino Ferrante	617 868-5000		
	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	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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: Custom Property Management, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 2328 S. Congress Ave., Suite 2A 2328 S. Congress Ave., Suite 2A West Palm Beach, FL 33406 West Palm Beach, FL 33406 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Anthony A. Kalliche Name 2950 N 28th Terrace Florida street address (P.O. Box NOT acceptable) Hollywood, FL 33020

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Me "MGR" = Manager	Name and Address:
EV: Effective date, if other ective date is listed, the date of filing.)	
ective date is listed, the date of filing.) The date inserted in this bloment's effective date on the	an the date of filing:
EV: Effective date, if other ective date is listed, the date of filing.) The date inserted in this bloment's effective date on the EVI: Other provisions, if an	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
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	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301