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SECKETARY OF STATE



COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Above "n' Bayond Property Services LLC 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:
Anthony Shown Patrick Botelho Name of Person
Above 'n' Beyond Property Services LLC Firm/Company
6 Fir Drive Court Address
Ocala, FL 34472 City/State and Zip Code bote: 1/2 Amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Bote Noat (352) 510-5708 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 Tallahassee, FL 32301 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	rici	E I	- N	ame:

The name of the Limited Liability Company is:

Above 'n' Beyond Property Services 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:			
6 Fir Drive Court	LO Fir Drive Court			
Ocala, Fl 3443	Ocala, FL 34472			

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 Snan Patrick Boteilho

Name

Lo Fir Drive Court

Florida street address (P.O. Box NOT acceptable)

City State Zip

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

Title:	Name and Address:		
AMBR = Authorized Member			
"MGR" = Manager AMBA	Anthony Shown Patrick Bo	ste:11	\triangle
	to fir Brive Court	_	
	Ocala, FL 34172		
		_	
		_	
			
Use attachment if necessary)			
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