L16000085491

١,		
♦)		
•		
(Re	equestor's Name)	
(Ac	dress)	
(Ad	dress)	
•	•	
(Ci	ty/State/Zip/Phone	e #)
•	•	-
	—	—
☐ PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
•	ŕ	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

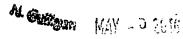
Office Use Only



700285114377

04/28/16--01010--013 **160.00





COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	PERFECT PROPERTY RESOURCES LLC						
SUBJEC	Name of Limited Liabil	ity Company					
The encl	losed Articles of Organization and fee(s) are submitted	for filing.					
	eturn all correspondence concerning this matter to the	-					
	WILLIE F. MURRAY JR.						
	Name of	Person					
	PERFECT PROPERTY RESOURCES LLC						
	Firm/Company						
	4529 SW 26TH STREET						
	Addr	ess					
	WEST PARK, FLORIDA 33023						
	City/State an	d Zip Code					
	perfectpropertyresources@hotmail.com E-mail address: (to be used for future a	annual report notification)					
For further	er information concerning this matter, please call:						
	WILLIE F. MURRAY JR 954	882-2072					
	Name of Person Area Code	Daytime Telephone Number					
Enclosed	d is a check for the following amount:	,					
\$125.00	Certificate of Status Certifi	20 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)					
		Street Address					
	New Filing Section Division of Corporations	New Filing Section Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name	of the Limited Liability	y Company is:					
	PERFECT PROPERT	Y RESOURCES LLC					
	(Must end v	with the words "Limited	l Liability Company, "L.	L.C.," or "LLC.")		_	•
	E II - Address: ng address and street ad	ldress of the principal o	ffice of the Limited Liab	pility Company is:			
	<u>Principa</u>	al Office Address:		Mailing Address	:		
	4529 SW 26TH STRI WEST PARK, FLOR 954-882-2072					- -	
(The Limi		cannot serve as its own		Signature: must designate an indivi	idual or SEC	16 A	autor j
The name	and the Florida street a	ddress of the registered	l agent are:		AHA	APR 2	ener Sees Sees
		WILLIE F. MURRA	Y JR		ASSE	œ	7
			Name		HOH Y	=	No. of
4529 SW 26TH STREET					10.7 71.5	ڣ	
	Florida street address (P.O. Box NOT acceptable)				STATE	27	
		WEST PARK	FLORIDA	33023	•		
		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..

(CONTINUED)

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR WILLIE F. MURRAY JR 4529 SW 26TH STREET **WEST PARK, FLORIDA 33023** (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date 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 the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any.

REOUIRED SIGNATURE:

Signature of a member or 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.

WILLIE F. MURRAY JR.

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)