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COVER LETTER

Division of Corporations
SUBJECT: 1HIRTY 3 PROPERTIES 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:
OHN MAPLES Name of Person
Name of Person
THIPTY 3 PROPERTIES LLC Firm/Company
Firm/Company
265 LAURVIEW TRIZE
PALM HARISIN FC 3468-3 City/State and Zip Code
City/State and Zip Code
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 & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:				
THIRTY (Must end v	/ 3 PR	OPERTIE	ity Compa	<u>くく</u> つ ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad					
	l Office Addres			Mailing Address:	
265 LAN PALM 14	crvinu T	34683		Sama	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as i	ts own Regist		ent's Signature: t. You must designate an individual or	_
The name and the Florida street a	ddress of the reg	istered agent	are:		
		OHN .	E. M	APLES	
		Name	,		
	265	- LAKE	VIEW	TE12.2 acceptable)	
	Florida street	address (P.O.	Box NOT	acceptable)	
	Parm	HAZBOR	FL	34683 Zip	
	City	S	State	Zip	
lace designated in this certificate, i urther agree to comply with the pro	I hereby accept the ovisions of all stating actions of my po	he appointmentutes relating osition as regin	nt as registe to the prop stered agen	he above stated limited liability company ered agent and agree to act in this capace er and complete performance of my dutient as provided for in Chapter 605, F.S ature (REQUIRED)	ity. I
		(CO	NTINUED)	

Page 1 of 2

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

AMBR" = Authorized Member	
MGR" = Manager AM ほ 2_	JOHA) EMAPLES
7 W CD IC	265 LANNIAN
	PAIM HARRON PA 34683
MGZ	CHRISTMA IT MAPLAS
	265 LAKAVIAN TRIZI
	Poten House Re 34683
	
•	L. COLLONAL)
V: Effective date, if other than the tive date is listed, the date must b filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
tive date is listed, the date must b filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the tive date is listed, the date must b filing.) ne date inserted in this block does rent's effective date on the Departm VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the stive date is listed, the date must be filing.) he date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the etive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm VI: Other provisions, if any. Signature of a This document is ex I am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. A member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

as

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)