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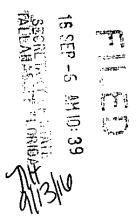
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: OK PLY in home (Spoke to Lunis) to Change Principal addr. to RA-10 hys. THE 9/13/16

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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: POB IMORE PROPERTIES JAC 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:
ACUIS THOM PSON Name of Person
PORTMORE PROPERTIES 216
P.O. BOX 640293
MIAMI Ft. 3364
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 97-771-3657 When the formation concerning this matter, please call: 97-771-3657 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status } \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$\$\$ \$160.00 Filing Fee, Certified Copy (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: PORTMORE PROPERTIES (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: acsi Renaissance Blyder P.O. Box 640: MIRAMAR FC 33025 MIAM For 331		
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: Name Name		
2051 DENAISAUCE BIVD. Florida street address (P.O. Box NOT acceptable)		
MIPAMAR FA 33025 AP		
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

(CONTINUED)

Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- The name and address of each person authoric	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:
AMBR	AUDRA RICHARDSON
AMBR	SHAY AUN DOUGIAS
AMER	DANE BOGIE
he date of filing.)	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
This document is executed in I am aware that any false info constitutes a third degree felo	macordance with section 605.0203 (1) (b), Florida samiles. The companion submitted in a document to the Department of State only as provided for in s.817.155, F.S. The companion of Signee Filing Fees:
\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	zation and Designation of Registered Agent