

L16000223694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

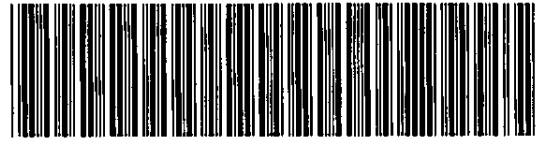
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200291451562

10/24/16--01042--016 **100.00

12/08/16--01021--001 **30.00

EFFECTIVE DATE

Jan. 1, 2017

STATE OF CALIFORNIA
RECORDS MANAGEMENT DIVISION

2016 DEC -5 AM 11:50

FILED

M. MALLIGAN

DEC 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2016

TERRY LANSING
207 MORRISON ST
SANTA ROSA BEACH, FL 32459

SUBJECT: THREE SQUARES PROPERTIES, LLC
Ref. Number: L11000088197

We have received your document for THREE SQUARES PROPERTIES, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on March 20, 2015 and our office received the Articles of Revocation of Dissolution on October 24, 2016. Therefore, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 416A00023033

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Three Squares 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:

Terry Lansing
Name of Person

Firm/Company

207 Morrison St
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

annapolisterry@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2016 DEC -5 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Attn: Michelle Milligan; Please apply previous funds to this application

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 & 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

mm

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE

Jan 1, 2017

ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Squares Properties, 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:

207 Morrison St
Santa Rosa Beach, FL 32459

207 Morrison St
Santa Rosa Beach, FL 32459

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:

Terry Lansing
Name

207 Morrison St
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459
City State Zip

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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..

Terry Lansing
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

Terry Lansing
207 Morrison St
Santa Rosa Beach, FL 32459

AMBR

Linda Lansing
207 Morrison St
Santa Rosa Beach, FL 32459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2017 (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.

REQUIRED 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.

Terry Lansing

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)

2018 DEC -5 AM 11:50
FILED