Office Use Only



600293084536
SECRETARY OF STATE ALLAMASSEE, FLORIDA

02/13/17--01006--014 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 33 Property Management Services 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:
Sanjuan terri Name of Person
Firm/Company
0241 W. Pensacola SI #85
Address
Tallahassee, 4 32304
City/State and Zip Code City/State and Zip Code Company Comp
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 \$ S155.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	I	Æ	I	_	N	a	me	e	:

The name of the Limited Liability Company is:

(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:
8241 10 Pensacola SI . #85	
Tallahassee, FL 32304	150mg
	(30%-C)

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

2241 W. Pensacola 31, #8

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

Tall areass of FL 32304

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

17 FEB 13 AM 5: 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Januar Jerry St. 485 Pallahassa, II 33304
effective date is listed, the date must be spo te of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not no cument's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be li-
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CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not no comment's effective date on the Department of CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is executed a management of the comment of the	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be li-

ARTICLE IV-