

L17000032413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

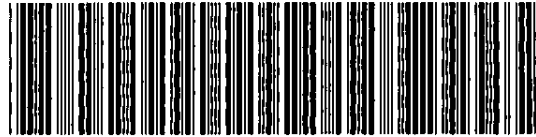
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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FEB 14 2017  
17 FEB 14 PM 12:16

FILED  
2017 FEB 14 PM 2:27  
TALLAHASSEE, FL 32309

C. GOLDEN

FEB 14 2017

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-422-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>A/Some Properties, LLC</u>	FOR OFFICE USE ONLY

## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_  
Amount of Documents \_\_\_\_\_

DATE 2/14/17 TIME \_\_\_\_\_

## Notes:

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DEPT. OF REVENUE  
17 FEB 14 AM 10:56

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2017 FEB 14 PM 2:27  
TALLAHASSEE, FL 32316

FILED

**ARTICLES OF ORGANIZATION**

2017 FEB 14 PM 2:27

**FOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Alsome Properties, LLC**

**ARTICLE I - Name**

The name of this Limited Liability Company is:

Alsome Properties, LLC

**ARTICLE II - Business Activity**

The nature of the business of this company is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

**ARTICLE III - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS**

1415 S. Washington Ave  
Titusville, FL 32780

**STREET ADDRESS**

1415 S. Washington Ave  
Titusville, FL 32780

**ARTICLE IV - Managing Members**

This is a multi-member Limited Liability Company. The name and address of the managing members are:

**NAME**

**ADDRESS**

Stanley E. Retz

3605 Sparrow Hawk Trail  
Mims, FL 32754

Patricia L. Retz

3605 Sparrow Hawk Trail  
Mims, FL 32754

FILED

Chad P. Conner

4260 Shamrock Dr  
Mims, FL 32754

2017 FEB 14 PM 2:27

Megan Conner

4260 Shamrock Dr  
Mims, FL 32754

SECRET  
TALLAHASSEE, FL 32301

**ARTICLE V – Registered Agent And Office And Registered Agent's Signature**

The name and Florida street address of the registered agent is:

**NAME**

**ADDRESS**

Stanley E. Retz

1415 S. Washington Ave  
Titusville, FL 32780

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

  
\_\_\_\_\_  
Stanley E. Retz, Registered Agent

**ARTICLE V - Effective Date**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

  
\_\_\_\_\_  
Stanley E. Retz, Managing Member

(In accordance with Florida Statutes, the execution of this document  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)