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## COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: PROPERTY PROZUC  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:
LOUIS ROBINSON Name of Person
Property Proz LLC Firm/Company
P.O., BOX 3223 Address
City/State and Zip Code Louis. Robinson I D anail. Com 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 & \$155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status (additional copy is employed)
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 Co	ompany is:					
(Must end with	er// the words/Lim	Proz	<u></u>	)		
ARTICLE II - Address: The mailing address and street addre	ss of the princip	al office of the Limi	ted Liability Company is	:		
<u>Principal O</u>	ffice Address:		Mailing A	ddress:		
7262 N	1://wood /	•	PO BOX :	32315		
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its o	own Registered Age		n individual or		
The name and the Florida street addi						
_	Louis &	Name Millwood		_		
		Name		_		
_	4262	Millwood	L1.	_		
Ī	Florida street add	dress (P.O. Box <u>NO</u>	${f T}$ acceptable)			
	TLH	F1.	323/2			
	City	State	Zip			
daving been named as registered ager lace designated in this certificate, I he arther agree to comply with the provis im familiar with and accept the obliga	ereby accept the sions of all statut tions of my posit	appointment as regi tes relating to the pro tion as registered ag	stered agent and agree to oper and complete perforn ent us provided for in Cha mature (REQUIRED)	act in this capacity. It: nance of my duties; and	17 FEB 17 PM 2: 52	FILED

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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.

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)

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