From: Jeff Lieser 3/9/2017



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

: (813)280-1256

Phone Fax Number

: (813)251-8715

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: techoprops @ gmail. Com

FLORIDA LIMITED LIABILITY CO. TECHO PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: (813) 251-8715

To: (Fax: 3(860) 817-8381

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COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	TECHO PROPERTIES, LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filling.
Please re	eturn all correspondence concerning this matter to the following:
	Ghada Skaff
	Name of Person
	Lieser Skaff Alexander
	Firm/Company
	403 N. Howard Avenue
	Address
	Tampa, FL 33606
	City/State and Zip Code techoprops@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Ghada Skaff 813 280-1256
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & S160.00 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

Fax: (813) 251-8715

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:		
TECHO PROP	ERTIES, LLC		
(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Limited	Liability Company is:
Pr	incipal Office Address:		Mailing Address:
301 W. Grand A	Avenue	301 \	W. Grand Avenue
por // citate			
#314.		#314	
#314 . Chicago, IL 60	654	#314 Chica	ago, IL 60654
#314 . Chicago, IL 600 ARTICLE III - Registere The Limited Liability Corunother business entity with	654 d Agent, Registered Office, npany cannot serve as its own th an active Plorida registratic	#314 Chica & Registered Agent Registered Agent Nn.)	ago, IL 60654
#314 . Chicago, IL 600 ARTICLE III - Registere The Limited Liability Corunother business entity with	d Agent, Registered Office, npany cannot serve as its own	#314 Chica & Registered Agent Registered Agent Nn.)	ago, IL 60654 at's Signature:
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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 MAR -9 AM 7: 4
SECRETARY OF STATE
ALL AUGREES STATE

Fax: (813) 251-8715

170; Fax: (850) 617-6381

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**MGR* = Manager MGR* Matthew Locci 301 W. Grand Avenue, #314 Chicago, IL 60654 AMBR Isa Locci 301 W. Grand Avenue, #314 Chicago, IL 60654 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing:		thorized Member	Name and Address:
AMBR Sa Loce 301 W. Grand Avenue, #314		ıaReı	Matthew Locci
Chicago, IL 60654 Jas Locel 301 W. Grand Avenue, #314 Chicago, IL, 60654 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five business days prior to or 50 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. 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. Matthew Locei Typed or printed name of signee Eliting Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Tricate		
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