

L170000067952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

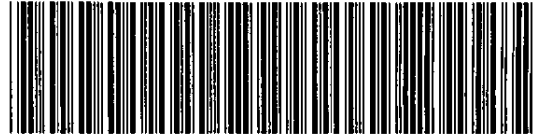
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/21/17--01012--021 **160.00

STATE OF FLORIDA
TALLAHASSEE

17 MAR 27 PM 2:51

we 3/27/17

TO: Registration Section
Division of Corporations

Subject: Ohmstede Properties . LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard M. Fallis

Howard M Fallis, CPA

605 10th Court

Vero Beach. FL 32962

mfallis6050@ATT.Net (email)

For further information concerning this matter, please call:

Mike Fallis at 772-713-0383

Enclosed is a check for the following amount of \$160.00 for filing fee, certificate of status and certified copy. (additional copy is enclosed)

H M Fallis, CPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

HOWARD M. FALLIS, CPA
605 10TH COURT
VERO BEACH, FL 32962

SUBJECT: OHMSTEDE PROPERTIES, LLC
Ref. Number: W17000015592

RECEIVED
17 MAR 27 PM 1:31
BUREAU OF SPECIAL
REGISTRATION SERVICES

We have received your document for OHMSTEDE PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Division of Corporations does not file the Operating Agreement. Keep for your records. I am enclosing the Articles of Organization for your convenience.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 517A00003466

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OHMSTEDE PROPERTIES, LLC

(Must contain 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:

920 5TH PLACE

VERO BEACH, FL 32962

920 5TH PLACE

VERO BEACH, FL 32962

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:

HOWARD M. FALLIS, CPA

Name

605 10TH COURT

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

VERO BEACH

FL

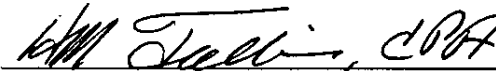
32962

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)

17 MAR 27 PM 2:51
RECEIVED OF STATE
TALLAHASSEE FLORIDA

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:

RONALD L. OHMSTEDE

920 5TH PLACE

VERO BEACH, FL 32962

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 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.

RONALD L. OHMSTEDE

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)

17 MAR 27 PM 2:51
STATE
TALLAHASSEE
FLORIDA