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| (Re | equestor's Name) | |
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| (Address) | | |
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| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nam | re) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: 6 AP LLC. 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: | | | | |
| ATTN: Edward G. Betz Name of Person | | | | |
| BAP, LLC. Firm/Company | | | | |
| 124 Padgett Place South Address | | | | |
| Lakeland, 7L 33809 | | | | |
| City/State and Zip Code EDGORFTZ Hot Mail. Com E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Ed Betz at (963) 255-6566 Name of Person Area Code Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{130.00 \text{ Filing Fee & Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{(additional copy is enclosed)}} \frac{160.00 \text{ Filing Fee, Certified Copy}}{(additional copy is enclosed | | | | |

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: 6 AP LLC. | |
|---|---|
| (Must contain the words "Limited Liability Co | ompany, "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: |
| 124 Padgett Place South Lakeland, FL 33809 | 124 Padgett Place South Lakeland, FL 33809 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Register | rod Agont's Signoturo, |

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

| Edward G. Betz | | | | |
|--|-----------|-------|--|--|
| | Name |) | | |
| 124 Padas | ett Place | South | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Lakeland | FL | 33809 | | |
| City | State | Zip | | |

llaving 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 HAR 29 AM 9: 20 SECRETARY OF STATE

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = ManagerAMBIR | Edward G. Betz. 124 Padgett Place. South Lakeland, FL 33809 |
| | |
| | |
| | |
| (Use attachment if necessary) | 4 |
| he date of filing.) | specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | Lean Bild |
| This document is exe I am aware that any fi | member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |

Edwand Golfer
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 (2011)

\$ 5.00 Certificate of Status (Optional)