<u>U7000061050</u>

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT:	ROWAN PROPERTY MANAGEM	
SUBJECT	Name of L	imited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this t	natter to the following:
	MARTIN W. ROWAN	
,		Name of Person
	ROWAN PROPERTY MANAGEM	ENT, LLC.
		Firm/Company
	6586 W. ATLANTIC AVENUE #46	508
•		Address
	DELRAY BEACH, FLORIDA, 334	146
,		City/State and Zip Code
<u> </u>	nartyrowan@hotmail.com	ed for future annual report notification)
	E-man address. (to be use	d for future annual report notification)
For further in	formation concerning this matter, plea	se call:
:	MARTIN W. ROWAN	561 706-7067
-		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address Nov Filing Section
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
ROWAN PROPERT	TY MANAGEMENT, LLC			
(Must cont	tain the words "Limited Lia	ability Company, "L.	C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal offi	ce of the Limited Lia	bility Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
6586 W. ATLANTI	C AVENUE #4608	6586 W	ATLANTIC AVENUE #46	08
DELRAY BEACH,	FLORIDA	DELRA	Y BEACH, FLORIDA	
33446		33446		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Ractive Florida registration.	egistered Agent. You)		, or
	MARTIN W. ROWAN	Ī		
	1	Vame	 	
	94 BRITTANY B			
	Florida street address (P.O. Box NOT accep	table)	
	DELRAY BEACH,	FLORIDA	33446	
	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)

SECRETARY OF STATE

	Title: "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager MGR		MARTIN W. ROWAN
	MOK		94 BRITTANY B
			DELRAY BEACH, FL, 33446
			
	(Use attachment if neces		
ARTICL	EV: Effective date, if ot	her than the date of filing	g: (OPTIONAL)
ARTICL If an effe he date o	EV: Effective date, if of active date is listed, the offiling.)	her than the date of filing date must be specific an	nd cannot be more than five business days prior to or 90 days afte
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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)