L17000118167

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900299627109

05/30/17--01032--031 **125.00



COVER LETTER

Division of Corporations
SUBJECT: Enclawel Properties International 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:
Patricia Margan Name of Person
Name of Person
Emmanuel Properties International LLC. Firm/Company
515 39th Street South
Address
St Petersburg Ila 33711 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jahrie my at (127) 327 6946 AU E
Fatricia Ing. at (121) 327 6946 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 & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

· · · · · · · · · · · · · · · · · · ·	Fyped or printed name of signee	
I am aware that any false in	in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State	÷
Signature of a memb	per or an authorized representative of a member.	7
REQUIRED SIGNATURE:	Amar 201	
ARTICLE VI: Other provisions, if any.	other Provisions.	
(If an effective date is listed, the date must be specif the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of S	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as State's records.	
(Use attachment if necessary)	May 25	
	St Peles Albung, 9/2 33711	
MGK	Grade Frage Sheet Avall	
MGR"	ST Felers being + the 33711	
"AMBR"	angelita Thompe Street South	
"An 3 R"	St Peters bury Flow 33711	
"AMBR"	Dyesha Garner	
	St Piters burg 4/2 33711	
"MGR" = Manager "AMBR" "	Patricia Morgan	
"AMBR" = Authorized Member	/).	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R1	rici	LE !	1 - 1	Na	me:
_	10			-	ıτa	

The name of the Limited Liability Company is:

Companiel Properties Calernational 600.

(Must end with 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:			
515 39 TH Street South	515 39 th Street South			
St Pelers burg Horeda	St Pelersherg Flarida			
3.37//	133711			

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.)

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)

Page 1 of 2

2017 MAY 30 AH 9: 10
SECTRETARY OF STATE
TALLAHASSEE, FINDING