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EFFECTIVE DATE 08/04/17

T 08/03/17

COVER LETTER

	ew rung section ivision of Corporations		
SUBJECT	First Choice Land Acquisition G	roup, LLC	
SUBJECT	Name o	l'Limited Liab	ility Company
The enclos	ed Articles of Organization and fee(s) are submitte	ed for filing.
Please retu	rn all correspondence concerning thi	is matter to the	following:
	Pamela L. Taylor		
		Name (of Person
	First Choice Land Acquisition Gre	oup, LLC	
		Firm/C	ompany
	6328 Gondola Drive		
		Ado	hess
	Riverview, FL 33578-1306		
	jazzypamt@gmail.com	City/State a	and Zip Code
	E-mail address: (to be	used for future	annual report notification)
For further i	nformation concerning this matter, p	lease call:	
	Pamela L. Taylor	813 U(244-4667
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
S F 25.00 Fi	ling Fee \$130.00 Filing Fee a Certificate of Status	s LlCerti	.00 Filing Fee & \$160.00 Filing Fee. fied Copy Certificate of Status & Certified Copy (additional copy is enclose
	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
	rananassee, p.1, 225 14		2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

First Choice Land Acquisition Group, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
E.11 - Address: ng address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: <u>Mailing Address</u>
ng address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or

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

another business entity with an active Florida registration.)

Pamela L. Taylor		
	Name	
6328 Gondola Drive	:	
Florida street addres	is (P.O. Box <u>NOT</u> ac	reeptable)
Riverview	FL.	33578-1306
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	DP = Authorized Atumbus	Name and Address:
	BR" = Authorized Member t" = Manager	
AMB		Pamela L. Taylor
	 	6328 Gondola Drive
		Riverview, FL 33578-1306
•		
		
(Use a	ittachment if necessary)	
the date of filing Note: If the da	g.)	e and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE VI:	Other provisions, if any.	
		· · · · · · · · · · · · · · · · · · ·
REOL	HRED SIGNATURE: Pame	la L. Laylor
	This document is executed in I am aware that any talse info	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
	Pamela L. Taylor	
	Tv	ped or printed name of signee
	•	

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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