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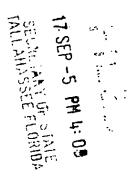
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/21/17--01007--019 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Good Deals Property Company Name of Limited Leabulity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peggy St. Prevye
Good Deals Property Consultants LC
1933 Latham Dr. Address
Leetigh Acro Florida 33972 City/State and Zip Code
gd property consultants 58 @ g mail. Com li-mad address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Peggy St. Previce at (239) 603 4462 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Talkhassee, Fl. 32314

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 24, 2017

PEGGY ST. PIERRE 1933 LATHAN DRIVE LEHIGH ACRES, FL 33992

SUBJECT: GOOD DEAL'S PROPERTY CONSULTANTS LC

Ref. Number: W17000069663

We have received your document for GOOD DEAL'S PROPERTY CONSULTANTS LC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Articles with required signature. I have enclosed the form.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 all (850) 245-6052.

Neysa Culligan Regulatory Specialist II Letter Number: 817A000174866 5 PH 3: 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
The name of the Climited Claomity Company is.		
Good Deal's Property Consultants LLC		
(Must end with the words "Lii	mited Liability Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
1933 Latham Dr	1933 Latham Dr	
Lehigh Acres, FL 33972	Lehigh Acres, FL 33972	
1933 Latham Dr Florida street address (P.C Lehigh Acres	Stration.) Stered agent are: Name D. Box NOT acceptable) FL 33972	17 SEP -5 PM 4: 09 SELALIARY OF STATE SELALIARY OF STATE SELALIARY OF STATE
City	Zip	
Pega HJ	accept the appointment as registered agent and isions of all statutes relating to the proper and i	d agree to act in this complete performance

(CONTINUED)
Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Peggy St. Pierre	paggy St. Pierre 1933 Lathan Dr. Lehigh Acers, Fl. 33972
(Use attachment if necessary)	
	e of filing: (OPTIONAL)
in effective date is listed, the date must be sp date of filing.)	pecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed
on effective date is listed, the date must be spatiate of filing.) (e) If the date inserted in this block does not adocument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed
REQUIRED SIGNATURE: Signature of a m This document is executed an aware that any false constitutes a third degree	pecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed

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

ARTICLE IV-