## L11000269617

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Statu	ıs
Special Instructions to	Filing Officer:	
		ļ
	Office Use Only	



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SELANASSEE FLORID

## COVER LETTER

	ew Filing Section vivision of Corporations				
end ivet	TWO SISTERS ASSOCIATES LLC				
Name of Limited Liability Company					
The enclose	sed Articles of Organization and fee(s) are submitted for filing.				
Please retu	arn all correspondence concerning this matter to the following:				
	R Scott Faley, Esquire				
	Name of Person				
	R Scott Faley, PC				
	Firm/Company				
	25 Primrose Street				
	Address				
	Chevy Chase, MD 20815				
f	City/State and Zip Code faleyfish@aol.com				
_	E-mail address: (to be used for future annual report notification)				
or further in	information concerning this matter, please call:				
	R Scott Faley 301 654-7999				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is	s a check for the following amount:				
\$125.00 Fi	iling Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ASSOCIATES LLC			
(Must	contain the words "Limited Liab	ility Company, *	'L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal office	e of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
768 Beach View	Drive	POE	3ox 1270	
		D	Grande, FL 33921	
The Limited Liability Com	Agent, Registered Office, & R	Legistered Agen		or
ARTICLE III - Registered The Limited Liability Com- nother business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) rect address of the registered age	tegistered Agen gistered Agent. Y ent are:	t's Signature:	F16 -
ARTICLE III - Registered The Limited Liability Com mother business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) rect address of the registered age	legistered Agen gistered Agent, Y	t's Signature:	SECOL
ARTICLE III - Registered The Limited Liability Com- mother business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) rect address of the registered age	tegistered Agen gistered Agent. Y ent are:	t's Signature:	SECOL
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) reet address of the registered age  R Scott Faley No	degistered Agen gistered Agent. Y ent are:	t's Signature: 'ou must designate an individual o	SECRULARY FALLARYSS
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) reet address of the registered age  R Scott Faley Na 768 Beach View Drive	degistered Agen gistered Agent. Y ent are:	t's Signature: 'ou must designate an individual o	F16 -

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	R Scott Falev 768 Beach View Drive Boca Grande, FL 33921-1270
(Use attachment if necessary)	
an effective date is listed, the date must be sp e date of filing.)	e of filing: October 1, 2017 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	ember or an authorized representative of a member.
Signature of a me	

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

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

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

. Artible WI Surposes.

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Furposes of Company are to conduct any and all lawful businesses, including, but not limited to, pironasing, acquiring, selling, owning, trading in, nolding, developing, leasing, managing, subdividing, and otherwise dealing in and with real and personal property, and such other investments and assets of all kinds, and engage in any and all general business and investment activities indidental thereto