L11000224729

| (Re | equestor's Name) | |
|-------------------------|---------------------------------------|-----------------|
| (Ac | ldress) | |
| | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | : #) |
| (O) | .,, | , |
| PICK-UP | ☐ WAIT | MAIL |
| | · · · · · · · · · · · · · · · · · · · | |
| (Bu | usiness Entity Nam | ne) |
| (Dc | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| t. | | |
| | | |
| | | |
| · | | |

Office Use Only



800305082558

10/80/17--01086--008 ****1**25.00

SECRETARY OF STATE

17 30 開10:12

4. 10/3/11

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: RT Droperty management LLC RTT & 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: |
| Randall Timothy Thomas JV. RTHT Property Management LLC. PITAL Property Management LLC. |
| Pavama City FL. 32404 CityAstate and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Randall T Thomas JVat (450) 628-4332 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} |
| |

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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|--|
| The name of the Limited Liability Company is: |
| PTOT Property management LLC. (Must contain 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: |
| bog N. maryella Ave. Panama City, FL. 32404 Bog N. maryella Ave. Panama City, FL. 32404 |
| 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.) |
| The name and the Florida street address of the registered agent are: |
| Randall Timothy Thomas Name 6900 Pittsburgh 5t. Florida street address (P.O. Box Not acceptable) Panama City Pl 32404 |
| City State Zip |
| laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)

| AMBR" = Authorized Member AGR" = Manager A C R A B R | Randall Timothy Thomas 609 N. maryella Ave. Panama City Fl. 32404 |
|--|---|
| AmRD | BOON, maryella Ave. |
| AMRD | 1900 Mill City Fl. 177 To |
| | 2 |
| TITLD K | Kandall Timothy Thomas |
| | Pavama City Uffl. 32404 |
| | 1 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: $10-25-2017$. (OPTIONAL) | |
| e date inserted in this block does not meet | the applicable statement filling accompany this data will also be |
| ent's effective date on the Department of S | |
| | |
| ent's effective date on the Department of S | the applicable statutory filing requirements, this date will not be tate's records. |
| ent's effective date on the Department of S | |
| ent's effective date on the Department of S VI: Other provisions, if any. | |
| ent's effective date on the Department of S VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb | er or an authorized representative of a member. |
| EOUIRED SIGNATURE: Signature of a membration of successions of su | er or an authorized representative of a member. — con accordance with section 605.02\(\rho_3\) (1) (b), Florida Statistics. |
| EOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false info | er or an authorized representative of a member. |
| EOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false info | er or an authorized representative of a member. — on accordance with section 605.02\(\rho_3\) (1) (b), Florida Statistics ormation submitted in a document to the Department of State |
| EOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false inficonstitutes a third degree fellows. | rate's records. Per or an authorized representative of a member. — Con accordance with section 605.0203 (1) (b), Florida Statiutes. Commation submitted in a document to the Department of State cony as provided for in s.817.155, F.S. |

ARTICLE IV-