

L17000260430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

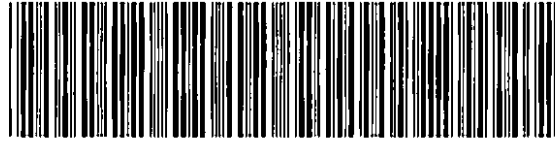
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CARMEN MORRIS PROPERTIES, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

12/22/17

Name _____

Date _____

Time _____

Valk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
CARMEN MORRIS PROPERTIES, LLC**

ARTICLE I – NAME

The name of the limited liability company is Carmen Morris Properties, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1244 Lake Biscayne Way
Orlando, FL 32824

Mailing Address:
1244 Lake Biscayne Way
Orlando, FL 32824

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Helen R. Morris
1244 Lake Biscayne Way
Orlando, FL 32824

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.


Helen R. Morris

12/7/2017

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:
"MGR" = Manager
"AMBR" = Authorized Member

Name and Address:

MGR

Helen R. Morris
1244 Lake Biscayne Way
Orlando, FL 32824

REQUIRED SIGNATURE:

Helen R. Morris 12/7/2017
Signature of a member or an authorized representative of a member.
X *Helen R. Morris* Signature of hand cast: H. Morris

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carmen R. Morris 12/7/2017

Typed or printed name of signee

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