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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: <u>Canton Propert</u> Name of Limited L	Liability Company
The enclosed Articles of Organization and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Eugenia R.	Setuk me of Person
Fir	m/Company
2420 Nortolk	Road
	32803 ate and Zip Code De. Com ature annual report notification)
City/Si	ate and Zip Code
E-mail address: (to be used for it	iture annual report notification)
For further information concerning this matter, please call:	
Fugeria R. Sefak at (Ut Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Iditional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability C	ompany is:				
Canton (Must contain	Property the words "Limited Liab	, LLC ility Company, "L.l.	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addr	ess of the principal office	of the Limited Liab	oility Company is:		
Principal (Office Address:		Mailing Address:		
2420 N Orlando	orfolk Rd	<u>z</u> z	420 Worfol 2/lundo, FL	KRd 3280:	3
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti The name and the Florida street add	nnot serve as its own Re ve Florida registration.)	gistered Agent. You	Signature: must designate an individua	North AHAS	H DEC 27
The name and the Florida sheet act			(ik	<u> </u>	39 ME
	Eugeni N	ame		m cr	
	2420 1	Worfolk	Rd_	E STARE	Ç9 €4 6 €
	Florida street address (P	O. Box <u>NOT</u> accep	otable)	> · ′	
	Drland	O , FL State	32803		
	City	State	Zip		
Having been named as registered ag	ent and to accept service	of process for the ab	ove stated limited liability co	mpany at the	e

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> </u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBE	Eugenia R Sefak 2420 Norfolk Rd
	011ando, FL 32803
	C · V
AMBR	Joseph T. Setak
	0/lando, FL 32803
	0(lando, FL 32803
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does not be determined.	ate of filing: <u>January 1, 2018</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 da of meet the applicable statutory filing requirements, this date will not be
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