## <u>L1800051574</u>

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAR 1 - 2018 C Kinsey

## COVER LETTER

TO: New Filing Section Division of Corporations			·
SUBJECT: Azalpa	Realty a LLC.  Name of Limited Liability Company		
The enclosed Articles of Organizati	on and fee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:	<b>\\$</b>	. ११६वर १४४-६
Z	hong I Wang Name of Person		
2111 Fem	eigh Dr, Fallahasses	2-FL:	
Zh Or	City/State and Zip Code		
	•		
Tallahassee, T-1 3:2311  City/State and Zip Code  Zhon di Wang 86 @ amail. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Zhong li Wang at 850 445 0033  Name of Person Area Code Daytime Telephone Number		· ·	. Ukak este
	ing amount:  0 Filing Fee & \$\ \text{S155.00 Filing Fee & }\ \text{Certified Copy} \text{(additional copy is enclosed)}	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion New Filing Section porations Division of Corpora Clifton Building		

Tallahassee, FL 32301

SS SINTE WHEN

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,		•	
ARTICLE I - Name: The name of the Limited Liability C	Company is:		
Azulea (Must contain	Realty LLC the words "Limited Liability Comp	nany, "L.L.C.," or "LLC.")	. <u></u>
ARTICLE II - Address:	ress of the principal office of the Lit		
Principal	Office Address:	Mailing Address	<u>\$</u> :
2111 Femler	. 0	2111 Fernleigh Dr	
<u>- FL. 313</u>	<u> </u>	Tallahassee, FL	3231
ARTICLE III - Registered Agent (The Limited Liability Company of another business entity with an act The name and the Florida street ad	•	gent. You must designate an indiv	ridual or · >> अध्य काल ८
	2111 Femleigh	Dr	
	Florida street address (P.O. Box )	OT acceptable)	•
	Tallahassee FL	3231	
	City State	Zip	•
place designated in this certificate, I further agree to comply with the pro	gent and to accept service of process hereby accept the appointment as revisions of all statutes relating to the igations of my position as registered	gistered'agent and agree to act in proper and complete performance	this capacity. I of my duties, and I

(CONTINUED)

structures of

	The name and address of each person authoriz	ted to manage and control the Children Diability Company.		
	Title:	Name and Address:		
	"AMBR" = Authorized Member		1.00	अक्षप्र व्यक्त
	"MGR" = Manager $MGL = Manager$	zhongli Warra		
		2111 Fernleigh Dr. Tallahassee, H.	32311 .	
	_			
	AMBR.	WAR ROBERTS Dr. Tallahansee, H 32	311	
				,
			,	
	. <u></u>		•	
			-	
		·	•	
	(Use attachment if necessary)			
	a service of the Continue than the date of f	iling: (OPTIONAL)		
(If an e	ffective date is listed, the date must be specifi	c and cannot be more than five business days prior to or 9	0 days after	
		the applicable statutory filing requirements, this date will n	•	
Note: the do	the date inserted in this block does not meet turnent's effective date on the Department of S	State's records.		. अस्य स्थान
4			. ?	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ARTIC	TLE VI: Other provisions, if any.			
	REOUIRED SIGNATURE:	,		
	1). P.	berts	_	
	Signature of a memb	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statute formation submitted in a document to the Department of Statlony as provided for in s.817.155, F.S.	s. te	
	(921/16	ROBERTS		
		Typed or printed name of signee		

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)