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| (| (Requestor's Name) | | | | |
|---|--------------------------|--|--|--|--|
| | (Address) | | | | |
| (| (Address) | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | | |
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COVER LETTER

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| | v Filing Section ision of Corporations | |
|-----------------|---|---|
| SUBJECT: | Rebecca Bacht | el Property Management Ll |
| The enclosed | Articles of Organization and fee(s) as | re submitted for filing. |
| Please return | all correspondence concerning this m | natter to the following: |
| - | Rebecca B | |
| | | Name of Person |
| | | |
| | | Firm/Company |
| _ | 5853 Cy | PFY 5 S R Address |
| - - | beckybachtel 6 | City/State and Zip Code |
| | | d for future annual report notification) |
| For further inf | ormation concerning this matter, pleas | se call: |
| K | Name of Person | SCO S67- S598 Area Code Daytime Telephone Number |
| Enclosed is a | check for the following amount: | |
| \$125.00 Fili | ng Fee S130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address |
| | New Filing Section | New Filing Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | D. | TI | Γ | ī | E. | 1 | _ | × | a | me | |
|----|----|----|----------|---|----|---|---|-----|----|-----|----|
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The name of the Limited Liability Company is:

Rebecca Bachtel Property Management LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "IDC.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|---------------------|
| 5853 CUDESS CR | 5853 (Vares CR |
| Tallahoss & Ec 32.703 | Tallalm655 FC 32303 |
| | |

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:

| Rebecca J | To Ba | clifel |
|---------------------------|---------------------------|---------------|
| N | lame | |
| 5853 (| YD-P55 | s Cre |
| Florida street address (I | P.O. Box <u>NO</u> | T acceptable) |
| Tallaliossss | FC | 32203 |
| City | State | Zip |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

1211

Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

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)