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(Ře	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 18 2018 K. Brumbley

COVER LETTER-

	ew Filing Section Ivision of Corporations	
SUBJECT:	RONALD LEES PROPERTIES, LLC.	
SOMBRC1.	Name of Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.
Please retur	rn all correspondence concerning this matter to the	following:
	RONALD LEES	
	Name of	Person
	RONALD LEES PROPERTIES, LLC.	
	Firm/Co	mpany
	5922 RIDGE LAKE CIRCLE	
	Addr	ess
	VERO BEACH, FL 32967	
r	City/State an ronaldlees677@gmail.com	d Zip Code
_	E-mail address: (to be used for future a	annual report notification)
For further in	nformation concerning this matter, please call:	
1	RONALD LEES 772	205-5722
•	Name of Person Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:	
/]\$125.00 Fil	Certificate of Status Certifi	00 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & 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:	11. 21	
he name of the Limited Liab	inty Company is:	
RONALD LEES PRO	PERTIES, LLC.	
(Must co	ontain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
•••••••	t address of the principal office	of the Limited Liability Company is:
<u>Princ</u>	cipal Office Address:	Mailing Address:
5922 RIDGE LAKE C	IRCLE	5922 RIDGE LAKE CIRCLE
VERO BEACH, FL 32	967	VERO BEACH, FL 32967
	 	
	Agent, Registered Office, & Re	
		istered Agent. You must designate an indivi
nother business entity with a	in active Florida registration.)	
The name and the Florida stre	et address of the registered age	nt are:
The hame and the Hornas suc		
The hante and the Fornau one	RONALD LEES	
The name and the Figure 3 at		me

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..

Florida street address (P.O. Box NOT acceptable)

State

VERO BEACH

City

Registered Agent's Signature (REQUIRED)

32967

Zip.

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MANAGER	RONALD LEES
	5922 RIDGE LAKE CIRCLE
	VERO BEACH, FL 32967
	
	
	
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	e of filing: (OPTIONAL)
LE V: Effective date, if other than the dat fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the dat fective date is listed, the date must be spof filling.) If the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the dat fective date is listed, the date must be spof filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed any false.	meet the applicable statutory filing requirements, this date will not tof State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a magnetic document is executed any false.	meet the applicable statutory filing requirements, this date will not tof State's records. Less member or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State

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)