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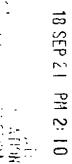
(Requestor's Name)					
(Address)					
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COVERLETTER

. .

	Filing Section sion of Corporations			
SUBJECT:	B.L.	Sanfurd	Properties LLC	• •
3003ECT.		Name of Limited	Properties LLC 1 Liability Company	
		•		
The enclosed	Articles of Organizat	ion and fee(s) are su	bmitted for filing.	
Please return	all correspondence co	ncerning this matter	to the following:	
_	Bria	Sanford	,	
		۸	lame of Person	
				
	10923	Crichton	Rd	
•			Address	
_	Jackso	nville, FL,	3242)	
	G i	City/s	3262 State and Zip Code Gnwl . Com	
•			future annual report notificati	on)
			·	on,
For further info	ormation concerning th	nis matter, please cal	l:	
		,		
<u> </u>	Name of Perso	n Area	Code Daytime Telephone	Number
Enclosed is a	check for the following	ng amount:		
]\$125.00 Filir	ng Fee \$130.00 Certific	ate of Status	S155.00 Filing Fee & Certified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
	Mailing Address		Street Address	
	New Filing Section	n	New Filing Section	
	Division of Corp P.O. Box 6327	orations	Division of Corporation Building	ons
	Tallahassee, FL 3	32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	Sanford Proper the words "Limited Lia		C " or "H C ")		
ARTICLE II - Address: The mailing address and street add					
Principal Office Address:			Mailing Address:		
10923 Crientin Rd 32221 Jacksmille FL		10923 Jack	Jacksonville, FL		
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own Re	egistered Agent. You		fividual or	
The name and the Florida street address of the registered agent are:					
	Bria Sa	ntivol			
	•				
109183 crichion Rd, 32221, Jacks					
Florida street address (P.O. B			table)		
	Jackenville	,FL	32221		
	City	State	Zip		
Having been named as registered ag place designated in this certificate. I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoir visions of all statutes rela gations of my position as	itment as registered ag ting to the proper and	gent and agree to act complete performand covided for in Chapter	in this capacity. I ce of my duties, and I	

(CONTINUED)

2018 SEP 21

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Bria Sanford 10933 Crichton Rd , Jacksonijie, FC 32221		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specible date of filing.) Note: If the date inserted in this block does not meathe document's effective date on the Department of	filing: <u>September 21, 2018</u> . (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a State's records.		
ARTICLE VI: Other provisions, if any,			
REQUIRED SIGNATURE:			
This document is executed	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State		

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

Filing Fees:

E Samfi*rd*Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)