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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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Residential Property Services Cover Letter

William Sims

3910 Chelsea St

Orlando, FL 32803

Daytime Telephone 407 701-5782

COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	Residential F	Operty Service	es,llc
The enclose	d Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this i	natter to the following:	
	W:15	Amc Si MS Name of Person	
		Firm/Company	
	3910	Chelsea Stree.	
	Sins William	and FL 32 City/State and Zip Code AD 49 hoo. Con	803
_	E-mail address: (to be use	ed for future annual report notification	on)
For further in	formation concerning this matter, plea	ise call:	
Ĺ	Name of Person	Area Code Daytime Telephone	7 <i>83</i> : Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporation	ons
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Residential Property Services LCC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3910, Chelsea Street Orlando, FL 32803	3910 Chelsea Street Orlando, Fr 32803
 	

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:

William Sims

Name

3910 Chelsea Street

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

Orlands FL 32803

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)

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

"AMBR" = Allinorized Member	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
WE ?	1/-1/ 5-1
<u> 1168</u>	3910 Chelsea Street
	orlando FL 32803
	,
	
(Use attachment if necessary)	1 1
The No. 1765 and to a local form than the state of	1/1/2019 (OPTIONAL)
CLE V: Effective date, if other than the date of the feetive date is listed, the date must be spe	
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Filing Fees:

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

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

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