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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/03/18--01030--028 **160.00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Overlook Property Investors, 11C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy A Rego Name of Person
Overlook Property Investors, LLC
2015 S Tuttle Ave Suite A
Sava Sota, FL 342,39 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status Sta
- Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus	Over look Property st contain the words "Limited Liability	In vestors, LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the principal office of	the Limited Liability Company is:
<u>P</u> :	rincipal Office Address:	Mailing Address:
7	5 STUHLE AVE	PO Box 1418
	ed Agent, Registered Office, & Register	
(The Limited Liability Cor another business entity wi		ered Agent. You must designate an individual or
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Registe th an active Florida registration.) street address of the registered agent:	ered Agent. You must designate an individual or
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Registe th an active Florida registration.)	ered Agent. You must designate an individual or are: (-ib.son Hie Are Suite A
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Register than active Florida registration.) street address of the registered agent: Andrea Name	He Are Suite A Box NOT acceptable)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
- Walage	
MGR_	Nous + Rang
1.10	2015 5 Tuttle Ave Suite A
	Surasota FL 34239
	
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EV: Effective date, if other than the ctive date is listed, the date must b f filing.) the date inserted in this block does not be determined.	date of filing:, (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
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ARTICLE IV-