

(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

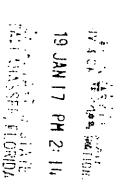
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Everingham Properties LLC 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:
Chris Everingham Name of Person
Name of Person
Everingham Properties Firm/Company
700 66th Ave. S.
Address
St. Petersburg FL 33705 City/State and Zip Code Everingham properties agnail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
<u>tveringham properties agnail</u> com
h-mail-address: (to be used for future-ahnual report notification)
For further information concerning this matter, please call:
Chris Evering Lam at (727) 744-9512 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed))
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Evering ham Properties (Must contain the words "Limited Liability Cor	LLC
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
	700 GGth Ave S
700 66th Ave. S. St. Petersburg, FL 33705	
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	d Agent's Signature: vgent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Chris Evering Name	gham
Name	J
700 66th Av	
Florida street address (P.O. Box 2	(OT acceptable)
St. Petersburg F	FL 33705
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered of	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
	Name .
Registered Agent's	Signature (REQUIRED)
(CONTINU	JED)

<u>Title:</u> "AMBR" = / "MGR" = M:	uthorized Member	Name and Address:	
			-
MGR	<u>. </u>	Chris Everingham	-
MGR		5t. Petersburg, FL 33705 Abby Everingham	-
		700 GG+ JAve. S. St. Petersburg, FL 33705	- -
			-
EV: Effectiv	ent if necessary) c date, if other than the date	e of filing:	_
E V: Effective date is of filing.) the date insert	e date, if other than the date listed, the date must be sp	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will i	
E V: Effective date is of filing.) the date inserment's effecti	e date, if other than the date listed, the date must be sp ted in this block does not a	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will i	
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E V: Effective date is of filing.) the date inserment's effective E VI: Other p	e date, if other than the date listed, the date must be sp ted in this block does not a we date on the Department	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will i	
E V: Effective date is of filing.) the date inserment's effecti	e date, if other than the date listed, the date must be spot ted in this block does not a ve date on the Department revisions, if any. SIGNATURE: Signature of a man This document is executed an aware that any fals	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will i	ot be
E V: Effective date is of filing.) the date inserment's effective E VI: Other p	e date, if other than the date listed, the date must be spot ted in this block does not a ve date on the Department rovisions, if any. Signature of a man This document is executed am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will at of State's records. The member of an authorized representative of a member, atted in accordance with section 605.0203 (1) (b). Florida Statute in information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.	ot be
E V: Effective date is of filing.) (the date inserment's effective E VI: Other p	e date, if other than the date listed, the date must be spot ted in this block does not a ve date on the Department rovisions, if any. Signature of a man This document is executed am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will at of State's records. The member of an authorized representative of a member of a	ot be

ARTICLE IV-