## L19000026540

P-			
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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## COVERLETTER

	Filing Section sion of Corporations			
SUBJECT:	Worth Flo	orida me of Limited 1	Property Service	s LLC
The enclosed	Articles of Organization and	l fee(s) are subr	nitted for filing.	
Please return	all correspondence concerni	ng this matter to	the following:	
_	wesley	Thon	me of Person	
_	3705 Be	ntler	1 drive Address	
	Tollahas  Tolemay 8  E-mail address: (1)	See City/Si 8 2 40 o be used for fi	ate and Zip Code Ahoo - Com  Iture annual report notification)	·
For further info	ormation concerning this mat	ter, please call:		
10	Name of Person	Hey SS	ode Daytime Telephone Number	
	check for the following amo			
\$125,00 Filir	ng Fee \$30.00 Filing Certificate of !		S155.00 Filing Fee & S160.00 Filing Certified Copy Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Taffahassee, FL 32314	ıs	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:

The name of the Limited Liability Company is:

North Florag Property Services LLC (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:		
3705 Bentley drive Tallancesee, Pl 32303		
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.)		22
The name and the Florida street address of the registered agent are:		3 61
Wesley Thomas	AHA AHA	83

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.

3705 Bentley drive
Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager  AMBR/MGR	3705 Bently drive		
the date of filing.)	and cannot be more than five business days prior to or 90 days after me applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	5- 2- 18 18		
	<del></del>		
This document is executed in I am aware that any false infor constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Stantogn mation submitted in a document to the Department of Stantogn by as provided for in s.817.155, F.S.  Thomas  Ded or printed name of signee  Filing Fees:		

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

ARTICLE IV-

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