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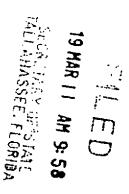
(Requestor's Name)					
(Address)					
(Àddress)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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N CULLIDAY:

COVER LETTER

TO:	New Filing Section Division of Corporations		•
C1:D11	NRRA Properties LLC		
SUBJI		of Limited Liab	ility Company
The en	closed Articles of Organization and fee	e(s) are submitte	d for filing.
Please	return all correspondence concerning t	his matter to the	following:
	Larry Adkins		
		Name e	of Person
		Firm/C	Company
	206 Tranquility Cove		
	-	Ado	lress
	Altamonte Springs FL 32701		
	drlarryadkins@gmail.com	City/State a	and Zip Code
		e used for future	annual report notification)
For furth	ner information concerning this matter,	please call:	
	Larry	407 at (529-5651
	Name of Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for the following amount		
	00 Filing Fee S130.00 Filing Fee Certificate of Stat	e & S155	.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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:

(Must contain the words "Limited Liabil	lity Company, "L.L.C" or "ELC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
206 Tranquility Cove	206 Tranquility Cove	_
Altamonte Springs, FL 32701	Altamonte Springs, FL 32701	
The Limited Liability Company cannot serve as its own Regi		_
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)	stered Agent. You must designate an individual	_
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	stered Agent. You must designate an individual	19 MAR 1
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual to are:	19 MAR I I
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered agenther Larry Adkins	stered Agent. You must designate an individual to are:	19 HAR II AF
Nar	stered Agent. You must designate an individual to are:	19 HAR II AF
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.) The name and the Florida street address of the registered ager Larry Adkins Nat 206 Tranquility Cove	stered Agent. You must designate an individual to are:	19 HAR I I AM

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" :	= Authorized Member	Name and Address:	
"MGR" = <u>MG</u> R	Manager	Larry Adkins 206 Tranquility Cove Altamonte Springs, FL 32701	9
<u>MGR</u>		Nataliva Adkins 206 Tranquility Cove Altamonte Springs, FL 32701	HASSES FEED
(Use attac	chment if necessary)		
(If an effective date the date of filing.) Note: If the date in	e is listed, the date must be speci-	filing: fic and cannot be more than five business at the applicable statutory filing requirement State's records.	days prior to or 90 days after
ARTICLE VI: Othe	er provisions, if any.		
REQUIR	RED SIGNATURE:	- O4:	
	Signature of a meml This document is executed	ber or an authorized representative of a in accordance with section 605.0203 (1) (b	member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Larry Adkins

Typed or printed name of signee

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)