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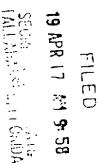
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N CULLIGAN APR 2 9 2019

## COVER LETTER

	ew Filing Section division of Corporations
SUBJECT	REECE PROPERTIES ST. PETE, LLC
00,,,,,,	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for tiling.
Please retu	rn all correspondence concerning this matter to the following:
	RUSSELL L CHEATHAM III, ESQUIRE
	Name of Person
	LAW OFFICES OF RUSSELL L CHEATHAM III
	Firm/Company
	5546 FIRST AVENUE NORTH
	Address
	ST. PETERSBURG, FL 33710  City/State and Zip Code
	RUSS@RUSSELLCHEATHAM.COM / TAMARA@RUSSELLCHEATHAM.COM
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
1	RUSSELL L CHEATHAM III at ( 727 ) 346-2400
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	ling Fee \$\int \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	REECE PROPERT			
(Must con	ntain the words "Limited Liability C	Company, "L.IC.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal office of th	e Limited Liability Company is:		
<u>Princi</u>	pal Office Address:	Mailing Address:		
140 - 89th A TREASURE		<u>140 - 89th AVENUE</u> _TREASURE ISLAND, EL 3370	6	
another business entity with an		d Agent. You must designate an individual or		
-	address of the registered agent are	15 To	19 APR	
-	address of the registered agent are	CHEATHAM III	ΑP	
-	address of the registered agent are	CHEATHAM III ENUE NORTH	ΑP	
-	RUSSELL L Name 5546 FIRST AV	CHEATHAM III  ENUE NORTH  × NOT acceptable)  G, FL 33710	APR 17 53	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Aut "MGR" = Mana	horized Member nger	Name and Address:	
_MGR		RANDY REECE  140 - 89th AVENUE  TREASURE ISLAND, FL 33706	19 AF
			APR 17 14 9:58
(Use attachment	t if necessary)	* <del>**</del>	•
CICLE V. Effective d		filing: 4-11-2019 . (OPTIONAL) fic and cannot be more than five business days prior to or 90	days afte
n effective date is list late of filing.) c: If the date inserted	d in this block does not mee date on the Department of	et the applicable statutory filing requirements, this date will not	•
n effective date is list late of filing.) e: If the date inserted document's effective CICLE VI: Other prov	d in this block does not mee date on the Department of visions, if any.	et the applicable statutory filing requirements, this date will not	•
n effective date is list ate of filing.) if the date inserted document's effective	d in this block does not mee date on the Department of visions, if any.	et the applicable statutory filing requirements, this date will not	•