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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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19 APR 22 AM TO: 18

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: <u>Ian Logers Property Maintenance LLC</u> , Name of Limited Lability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tan Rogers Jame of Person
Mame of Person
Ian Rogers Firm/Company
· ····· · · · · · · · · · · · · · · ·
229 SE 48th St
Address
City/State and Zip Code Dd 1/1 to @ AOL. COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tan Pagers at 352 , 215-1774 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\infty\$\$\$\$\\$130.00 Filing Fee & \$\infty\$
Certificate of Status Certified Copy (additional copy is enclosed) 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

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Tan	Rogers	Property	Muintenance	LLC.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II The mailing a		t address of the pr	rincipal office of the	Limited Liability Compar	ny is:	

Principal Office Address:	Mailing Address:
229 SE 48th St	229 SE 48 MSt Gringwille . EL 32641

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.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ian Ragers

Name

229 SE 48th St

Florida street address (P.O. Box NOT acceptable)

Cruinesville FL 37641

City State Zip

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)

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ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Ian Rayers	
	Lau Kalers	
MGR	229 St 48th Street	
<u> </u>	Guincoille, FL 32641	
	C.W. H. C. S. L. B. II	
		
		
	-	
(Use attachment if necessary)		
(ose attachment if necessary)		
JE V: Effective date, it other than the date of t	filing: (OPTIONAL fic and cannot be more than five business days prior t	L)

LE VI: Other provisions, if any.		
		<u> </u>
	•	<u> </u>
	•	<u> </u>
REQUIRED SIGNATURE:		<u> </u>
REQUIRED SIGNATURE: Signature of a memb	per or an authorized representative of a member.	
REQUIRED SIGNATURE: Signature of a memb This document is executed	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida St	atutes.
REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida St formation submitted in a document to the Department o	atutes.
Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida St	atutes.
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