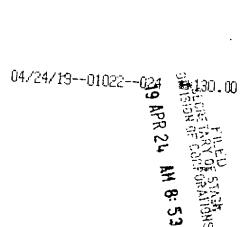
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(R	Requestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
	Business Entity Name)	
100	admedd Entity Hamey	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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J DENNIS MAY 0 2 2019

### Lesley Harris 4606 Balboa Drive Orlando, Florida 32808 Tel. 813-369-4381 Email: PropertyPResources@gmail.com

April 22, 2019

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3.

### VIA Express Mail

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document Filings for Property Partners Resources, LLC

Dear Sir or Madame:

I have enclosed the following documents for filing along with a check in the amount of \$130.00 for the necessary filing fee:

The original of the Cover Letter and Articles of Organization of Property Partners Resources, LLC.

Your attention to this matter and assistance are greatly appreciated.

Sincerely

Warris

### COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT	Property Partners Resources, LLC		
SUBJECT		Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s	) are submitted	<u> </u>
Please retur	rn all correspondence concerning this	matter to the f	
	Lesley Harris		
		Name of	Person
	Property Partners Resources, LLC		
		Firm/Co	npany
	4606 Balboa Drive		
		Addre	ess
	Orlando, Florida 32808		
F	oropertyPResources@gmail.com	City/State and	I Zip Code
_	E-mail address: (to be u	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ease call:	
	Lesley Harris	813	369-4381
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee. cd Copy 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

Property Partners (Must	s Resources, LLC contain the words "Limited Lia	ability Company, "I	L.L.C.," or "LLC.")
	contain the words Samuel Lin	,	,
RTICLE II - Address: te mailing address and stre	et address of the principal offic	ce of the Limited L	iability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
		4606 F	Balboa Drive
4606 Balboa Dri	ve		
Orlando, FL 328  CTICLE III - Registered the Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registered are gistration.	Orland Registered Agent egistered Agent. Yo	lo. FL 32808
Orlando, FL 328  RTICLE III - Registered the Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Re an active Florida registration.)	Orland Registered Agent egistered Agent. Yo	io. FL 32808 's Signature:
Orlando, FL 328  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registration.) reet address of the registered agency Lesley Harris	Orland Registered Agent egistered Agent. Yo	io. FL 32808 's Signature:
Orlando, FL 328  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registered and active Florida registration.)  Lesley Harris  4606 Balboa Drive	Registered Agent egistered Agent. You gent arc:	do. FL 32808  's Signature: ou must designate an individual or
Orlando, FL 328  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registration.)  reet address of the registered agency testery Harris	Registered Agent egistered Agent. You gent arc:	do. FL 32808  's Signature: ou must designate an individual or
Orlando, FL 328  RTICLE III - Registered the Limited Liability Comother business entity with	Agent, Registered Office, & pany cannot serve as its own Registered and active Florida registration.)  Lesley Harris  4606 Balboa Drive	Registered Agent egistered Agent. You gent arc:	do. FL 32808  's Signature: ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u> Pitle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	4606 Balboa Drive
Lesley Harris MGR	Orlando, Florida 38308
	_
E. W. Effective data if other than the date	of filing: (OPTIONAL)  refife and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.) If the date inserted in this block does not ment's effective date on the Department	neet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be spe	neet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ective date is listed, the date must be sport filing.)  The date inserted in this block does not ment's effective date on the Department	neet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be spoof filing.)  The date inserted in this block does not no ment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spoof filing.)  If the date inserted in this block does not no ment's effective date on the Department of th	neet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spond filing.)  The date inserted in this block does not not ment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mention aware that any false.	neet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spond filing.)  The date inserted in this block does not not ment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mention aware that any false.	ecific and cannot be more than tive business days prior to dispose an ect the applicable statutory filing requirements, this date will not be of State's records.  ember or se authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State

ARTICLE IV-

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

### Lesley Harris 4606 Balboa Drive Orlando, Florida 32808 Tel. 813-369-4381 Email: PropertyPResources@gmail.com

April 22, 2019

## DIVISION OF CHAR DE STONE

### VIA Express Mail

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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