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2019 JUL -3 AM IO: 26 SECRETARY OF STATE TALLAHASSEE, FL

N CULLIGAN JUL 1 7 2019

COVER LETTER

	on of Corporations			
SUBJECT: _	Personal And A Name of Lin	roperty mited Liability	Agency,	LLC
The enclosed A	rticles of Organization and fee(s) ar	e submitted for	filing.	
Please return al	l correspondence concerning this m	atter to the follo	wing:	
	Lee	P. Name of Per	son	ase
<u>P</u>	ersonal And. 1	Property Firm/Compa	1 Agenc	y,LLC_
	3955 3	rd A	re W	<u> </u>
_	Palmet	Address	342	21
	Dersonal pr El mail address: (to be used	City/State and Z DOLY HA I for future analy	2019(d), c	outlook, com
For further inform	nation concerning this matter, pleas	e call:		
	Name of Person A	GHI) area Code	465-3 Daytime Telephone	3144 Number
Enclosed is a cl	neck for the following amount:			
\$125.00 Filing	_	Certified (iling Fee & Copy opy is enclosed)	\$160.00 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	Nev Div Cli	eet Address w Filing Section vision of Corporatio fton Building 51 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Personal and Property Agency, LLC (Must contain the words "Limited Liability Company, "L.L.C., Jor "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:
429 10th Ave W	3955, 3rd Ave W
Suite, E	Palmesto FL
Palmetto, FL 34221	34221

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:

Let Pi Chase

3955 3rd Ave W.

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

Palmetto FL 3422 1

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Lee P. Chase, Mgr.	3955 3rd Ave W
	Patmello, PL 34221 & E
	FECRETARY OF STATE PALLAWIASSEF, FL
	TARY OF S
(Use attachment if necessary)	T.1 1 2019
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not me	cific and cannot be more than five business days prior to or 90 days at ect the applicable statutory filing requirements, this date will not be liste
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CLE V: Effective date, if other than the date of effective date is listed, the date must be spect te of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false if	cific and cannot be more than five business days prior to or 90 days at

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)