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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ļ
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Office Use Only



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OBJET THE TO STATE STATE STATE SHORE STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Front Line Properties LLC. Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kendall W. Williams
Name of Person
Front Line Properties LLC Firm/Company
1759 Hillsgate Court Address
Address
Tallehissee Florida 32308 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
850 519-9501
Name of Person Area Code Daytime Telephone Number
And Code Bayane Perspilone Value
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & 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 Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_	(Must contain the words "Limited Liabili		
ADTICLE			
	II - Address: address and street address of the principal office o	f the Limited Liability Company is:	
	Principal Office Address:	Mailing Address:	
	1759 Hillsgale Court	1759 Hallsgate Court	
_	1759 Hilsock Court Tallohossei Flynds 32308	Tellehisse Florida 31308	

Name

1759 1tills gate (our t

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

Tillahassa Fordi 32308

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)

INVISION OF COMPONATIONS

ARTICLE IV-

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

"AMBR" = Authorized	<u>Name and Address:</u> Member	
"MGR" = Manager	Kendall W. Williams 1759 Hillsgate Court Tallahasse Flor. m 32308	
		_ _
		_
(Use attachment if neces	esary)	
e of filing.)	date must be specific and cannot be more than five business days prior to o	_
e of filing.) If the date inserted in this nument's effective date on	block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	_
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e of filing.) If the date inserted in this cument's effective date on CLE VI: Other provisions, i REQUIRED SIGNATI Si This doe I am aw constitut \$125.00 Filing Fee for \$30.00 Certified Co	block does not meet the applicable statutory filing requirements, this date will the Department of State's records. f any. URE: gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Status are that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Articles of Organization and Designation of Registered Agent	not be l