1200000025485

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(Cit)	//State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to f	Filing Officer:	

Office Use Only



100340007021

01/29/20--01007---013 **160.00

C RICO JAN 2 9 2020 20 MM 20 PH 2:09

20 JAN 29 PM 3: E3

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Bethany Properties of FLorida Li Name of Limited Liability Company	_ C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary E. VandeRiet Name of Person	
Firm/Company	
5800 Lumberjack Lane	
Tallahassee FL 32303 City/State and Zip Code	
Jon and 115ah @ amail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Vande Riet at (56) 602 - 9667 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	ed)
No. 25 and Additional Comment of the	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Company is	s:			
	Bethany	Properties	o f	FLorida	LLC
		"Limited Liability Company,"			
ARTICLE II - A The mailing addr		principal office of the Limited	Liability Co	ompany is:	
	D-ii1 065 A J	4		4 - 515 A. J. J	

Principal Office Address:	Mailing Address:
5800 Lumberjack Lane Tallahassee, FL 32303	5800 Lumber Jack Lane Tallahassee, FL 32303

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:

Mary E. Vande Ret

Name

5800 Lumber jack Lane

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

Tallahassee FL 32303

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.

Mary C. VandeRut

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 JAN 29 PH 3: E2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Mary E. Vande Kiet 5300 Lumber Jack Lane Tallahussee, FL 32303
AMBR	Jon C. VandeRiet 5800 Lumberjack Lane Tallahassee, FL 3230
(1 to	
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a	e of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not a nent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: 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 ament's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
ective date is listed, the date must be spot filing.) The date inserted in this block does not a ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment's document is execular any aware that any fals.	meet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment's document is execular may a surface a may fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. And And Ember or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b), Florida Statutes. the information submitted in a document to the Department of State.

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

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

ARTICLE IV-