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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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2020 APR 23 AH 9: 49
SECRETARY OF STATE
TALLAHASSEE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	P: <u>04/23/2020</u>
	CERTIFIED COPY	
xx	РНОТОСОРУ	
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xx	FILING	LLC
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PECIAL ISTRUCT	TIONS:	

COVER LETTER

	ling Section n of Corporations
SUBJECT:	Ext Property Management Name of Limited Liability Company
The enclosed Art	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	HWSty LEbanks Jr Name of Person
	Ext Property Manage Ment
13	3194 US Highway 301 S STE228 RIVERVIEW FL 33578
R	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
<u>_</u> <u> </u>	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$125.00 Filing F	See S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 APR 23 AM 9: 49

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

Mailing Address:

Ext Proper	ty Management	LLC
(Must contain the v	vords "Limited Liability Company	, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	
13194 US Highway 301 S	13194 US Highway 3015
ste: 228	Ste: 228
BLYER VIEW FL 33578	Riverview FL 33578

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:

Principal Office Address:

Hulsey L	Ebanks Name	<i>T</i> /		
13194 US Florida street addre	His hwa ss (P.O. Box N	3015 Tacceptable)	<u>57e</u>	298
River view	FL	33 <u>5</u> 7	8	
City	State	Zip		

nature (REQUIRED)

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	44.5 - 1
AMBR	Hulsey Ebanks Jr
	13194 'us Hishway 301 5
100 C O	Kiverview FL 33578
MGR_	Cellisia Ebanks
	13194 US Highway 301 S.
	Cellisia Lbanks 13194 US Highway 301 S Ste 228 Riverview FL 33578
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ARTICLE IV-

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