

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500347396365

07/07/20--01011--025 \*\*125.00

Dernick T.

## **COVER LETTER**

TO:	New Filing Sect Division of Cor							
SUBJI		perty Managem	ent, LLC					
3000		Na	me of Li	mited Liabil	ity Company			
The en	nclosed Articles of C	Organization and	i fec(s) a	re submitted	for filing.			
Please	return all correspo	ndence concerni	ng this m	atter to the	following:			
	Journey Rive	ro						
	<u></u>			Name of	Person			
				Firm/Co	mpany			
	4225 61st ave	•						
	•			Addı	ess			
	Vero Beach,	FL 32967						
	journey.rivero(	Mushoo com	(	City/State an	d Zip Code			
		<del></del>	o be used	for future	innual report notificat	ion)		
For furth	her information con	cerning this mat	ter, pleas	e call:				
	Journey River	o		72	766-4198			
	Namo	of Person		rea Code	Daytime Telephon	ne Number		
Enclos	sed is a check for th	e following amo	unt:					
<b>■</b> \$12	5.00 Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Address			Street Address			
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee				
	P.O. Bo		-		2415 N. Monroe Stre			

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name of	I - Name: f the Limited Liability Company	is:			
_	Friple R Property Management,	LLC			
	(Must contain the word	ds "Limited Liability	Company, "L.L.C.,	" or "LLC.")	
	II - Address: address and street address of the	e principal office of the	ne Limited Liability	y Company is:	
	Principal Office A	ddress:		Mailing Address:	:
	1225 61st ave Vero Beach, FL 32967		4225 61st av Vero Beach,		
	siness entity with an active Floridand the Florida street address of t	he registered agent ar Rivero	v: 	<del></del>	
		Name			
	4225 61s	st ave street address (P.O. B	ox NOT accentable	<u> </u>	
	Vero Bea	city Sta	orida te	32967 Zip	
olace desig <mark>n</mark> further agree	named as registered agent and to ted in this certificate, I hereby ac to comply with the provisions of with and accept the obligations of	ccept the appointment all statutes relating to my position as registe	as registered agent the proper and con	and agree to act in the appete performance of led for in Chapter 60.	his capacity. I f my duties, and
		(CON	ΓINUED)		· : &

**ARTICLE IV-**

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

Title:	Name and Address:
"AMBR" = Author	
"MGR" = Manager	
MGR	Raine Rivero 4225 61st ave Vero Beach.FL 32967
	4223 015t ave veto Beach, FL 32307
<del></del>	
effective date is listed. ate of filing.)	this block does not most the applicable steamont filing requirements, this date will not be liste.
	this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.
ocument's checuve dat	e on the Department of State 8 records.
ICLE VI: Other provisi	ons, if any.
REQUIRED SIGN	ATURE:
	_
	Janin Rimero
	Signature of a member or an authorized representative of a member.
	s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	n aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.
ÇOF	sutures a timu degree reiony as provided for in \$.517.155, r.5.
	Raine Rivero
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)