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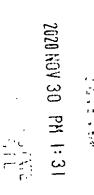
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER ^A
TO: New Filing Section Division of Corporations
SUBJECT: Caliza Lane Properties, L. L. C.
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:
Eric P. Seals Name of Person
Name of Person
Caliza Lane Properties, L. L. C.
Ffrm/Company
16400 US Hwy 3315, Svite B2#142
/ Addiess
Freeport, FL 32439
City/State and Zip Code
Freeport, FL 32439 City/State and Zip Code Sea/se@yahoo.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric P. Seals at (985) 630-6748 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,

Mailing Address

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Caliza Lane Properties, LL	C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
16400 US HWY 3315, Site B2#142 Freeport, FL 32439	P.O. Box 6/1651
Freeport, FL' 32439	Rosemary Beach, FL 32461
·	•

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:

Eric P.	<u>Seals</u> Name	
16400 05		C. 4 R2#1112
Florida street addres	ss (P.O. Box NOT a	<u>Suite B2 # 142</u> cceptable)
Freeport,	FL 324	139
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)

2020 NOV 30 PM 1: 31

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Eric P. Seals 16400 US Hwy 3315, Suite 82#142 Freeport, FL 32439
"MGR" = Manager	Eric P. Seals 16400 US Hwy 3315, Suite B2#142 Freeport, FL 32439
	Eric P. Seals 16400 US Hwy 3315, Suite B2#142 Freeport, FL 32439
	16400 US HWY 3315; Suite BZ# 142 Freeport, FL 32439
	
(Use attachment if necessary)	
•	of filing: <u>January 1, 2021</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
document's effective date on the Department of the Ticle VI: Other provisions, if any.	of State's records.
REQUIRED SIGNATURE:	
REMURED SIGNATURE:	
A	
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Signature it a me	mber or an authorized representative of a member
	ember or an authorized representative of a member. ded in accordance with section 605,0203 (1) (b). Florida Statutes.
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