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## COVER LETTER

TO: New Filing Sec Division of Cou			
SUBJECT: AC+	M Properti Name of Lim	es of Central Flo ited Liability Company	orida, LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Gina	er Bender	Name of Person	
	,	Name of Person	
	<del></del>	Firm/Company	
9717	Lake Hugh	DRIVE	
		Address	2021 F
Goth	ia, FL 34.	134	: 8
	Ci	ty/State and Zip Code	<del></del>
ginger	<u>rb330gma</u>	for future annual report notificati	
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For further information co	ncerning this matter, please	call:	8: <b>59</b> FI ORIOA
Ginge	Bender at ( ) e of Person Ar	ea Code Daytime Telephone	e Number
Enclosed is a check for the	ne following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	25160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address	Street Address New Filing Section Di	vision

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

<del></del>	
Mailing Address:	
<u>or</u>	
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or	
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(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR AMBR CHAD BENDER (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ginger Bender
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)