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(F	Requestor's Name)		
(/	Address)	· -	
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(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions t	o Filing Officer:		
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ALLAHASSEE, FLORIDA

D O'KEEFE
JUN 10 2021

W21-45937



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2021

ADAM KING MIDWEST PROPERTIES LLC. 13607 AMERICAN PRAIRIE PLACE LAKEWOOD RANCH, FL 34211

SUBJECT: MIDWEST PROPERTIES LLC.

Ref. Number: W21000045937

We have received your document for MIDWEST PROPERTIES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000094170.

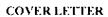
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 021A00007116

www.sunbiz.org



TO:	New Filing Section Division of Corporations	American Prairie Properties LLC
SUBJEC	CT:	Name of Limited Liability Company
The encl	osed Articles of Organizatio	on and fee(s) are submitted for filing.
Please re	eturn all correspondence con	ncerning this matter to the following:
		Name of Person American Prairie Properties. LLC
		Firm/Company
	13607 Ameri	ican Prairie Place
For further		City/State and Zip Code dweSt—Properties Q yahoo-com ess: (to be used for future annual report notification) is matter, please call:
	Adam Kine	at (613) 732-0112
	Name of Person	at (S13) 732-0112 Area Code Daytime Telephone Number
Enclosed	I is a check for the following	g amount:
() \$125.	00 Filing Fee □\$130.0 Certificat	te of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	orations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810



ARTICLE 1 - Name: The name of the Limited Liability Company is:		
(Must contain the words "Limited Liability	rie Properties LLC	
(Must contain the words "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:	
Principal Office Address:	Mailing Addre	ess:
Sur as mailing	13607 American Pr Lakwood Ranen, Fi	rairic Place L 34211
ARTICLE III - Registered Agent, Registered Office. & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		lividual or
The name and the Florida street address of the registered agent a	re:	
Adam Vine		
Name	3	
13607 American P Florida street address (P.O. I	rairic Place Box NOT acceptable)	
<u>Lake wood Ranch</u> City S	FL 34211	
City S	tate Zip	
Having been named as registered agent and to accept service of proplets place designated in this certificate. I hereby accept the appointmen further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registed.	t as registered agent and agree to act is o the proper and complete performanc tered agent as provided for in Chapter	n this capacity. I be of my duties, and I
•	ent's Signature (REQUIRED) TINUED)	FIL 21 APR 19 SLUNLIAN TALLAHASSI



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Adam King
	13607 American Prairie PL Lakenbod Ranch, FL 34211
	Lakewood Rarch, FL 34211
	
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(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	te of filing:
(If an effective date is listed, the date must be ${f s}$ the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departmen	it of State's records.
ARTICLE VI: Other provisions, if any.	LS A
,	
	SS: -
REQUIRED SIGNATURE:	
, A	
Signature of a m	nember or an authorized representative of a member.
This document is execu	uted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	se information submitted in a document to the Department of State
constitutes a third degre	ee felony as provided for in s.817.155, F.S.
)	Idan Kinc
	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)