

L21000321949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

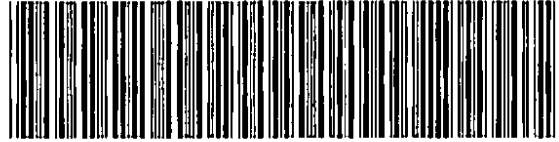
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000067828 Name WA

Office Use Only



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04/06/21--01004--018 **155.00

2021 MAY 28 PM 3:27

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COVER LETTER

2001 FEB 26 PM 3:27

TO: New Filing Section
Division of Corporations

SUBJECT: ~~F & R PROPERTY MANAGEMENT LLC~~ DHA PROPERTY MANAGEMENT LI
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:

FRANK HENRY ARMSTRONG II

Name of Person

~~F & R PROPERTY MANAGEMENT LLC~~ DHA PROPERTY MANAGEMENT LLC

Firm/Company

3140 SW 192ND AVENUE

Address

MIRAMAR, FLORIDA 33029

City/State and Zip Code

STARKSEL7@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK ARMSTRONG

954

704-2275

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~F & R PROPERTY MANAGEMENT LLC~~ DHA PROPERTY MANAGEMENT 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 Address:

3140 SW 192ND AVENUE
MIRAMAR, FL 33029

3140 SW 192ND AVENUE
MIRAMAR, FL 33029

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.)

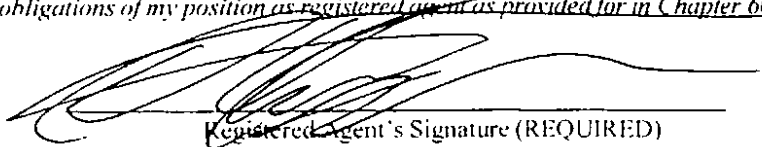
The name and the Florida street address of the registered agent are:

OTHEL TURNER
Name

1100 SOUTH STATE ROAD 7 SUITE 200
Florida street address (P.O. Box NOT acceptable)

MARGATE FL 33068
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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

FRANK HENRY ARMSTRONG II
3140 SW 192ND AVENUE
MIRAMAR, FL 33029

AMBR _____

ROBIN THOMAS ARMSTRONG
3140 SW 192ND AVENUE
MIRAMAR, FL 33029

(Use attachment if necessary)

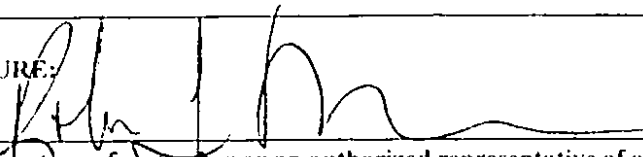
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

ROBIN T. ARMSTRONG

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2021

FRANK HENRY ARMSTRONG II
3140 SW 192ND AVENUE
MIRAMAR, FL 33029

SUBJECT: F & R PROPERTY MANAGEMENT LLC
Ref. Number: W21000067828

2021 MAY 29 PM 12:46

We have received your document for F & R PROPERTY MANAGEMENT LLC and your check(s) totaling \$155.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

James G Harris
Regulatory Specialist II

Letter Number: 121A00010277