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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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2021 DEC TO MM 9: TO

SECRLIARY OF STATE

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## **COVER LETTER**

New Filing Section Division of Corporations

TO:

SUBJECT: SIAle Wile Pro	porty Manager	rent & Coneprey.	
Name of Lim	ited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
JAMES A	Chappelle		
	Name of Person		
State Wide Props	ely MANAGENER	D& Company, Lle	
	•	<i>'</i> <b>J</b>	
9350 Lock	hill Rose	) 	
Address			
1 Hono to SASA	Flori In	33552	
Ci Ci	ty/State and Zip Code  2 @ Charler	1.4	
A Chappelle Z	20 Charten	· NET	
E-mail address: (10 be used t	for future annual report notification	on)	
For further information concerning this matter, please	call:		
James Chapelle at	813 278-9	3,12	
Name of Person	ea Code Daytime Telephone		
Name of Person Ar	ea code Daytime reicphone	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,	
Certificate of Status	□\$155.00 Filing Fee & Certified Copy	Certificate of Status &	
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
		(additional copy is enclosed)	
Mailing Address	Street Address		
New Filing Section	New Filing Section Division		
Division of Corporations	The Centre of Tallahassee		
P.O. Box 6327	2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303		

## Article of Organization

For

Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

State Wide Property Management & Company., LLC

Article II

The street address of the principal officer of the Limit Liability company is:

9850 Rockhill Road

Thonotosassa, Florida 33592

Article III

The name and Florida Street Address of the register agent is:

James A Chappelle

9850 Rockhill road

Thonotosassa, Florida 33592

Having been name as register 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 register agent and agree to the act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as register agent,

Register agent signature:

Article IV

The name and address of person(s) authorized to manage LLC

Title: MGRM

James A Chappelle

9850 Rockhill road

Thonotosassa, Florida 33592

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## Article V

The effective date for this Limited Liability Company shall be:

12/13/2021

Signature of member or an authorized representative

I am the member or authorized representative submitting these articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in S.817.155,F.S. I understand the requirement of the LLC and every thereafter to maintain "active" status.