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(R	equestor's Name)			
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☐ PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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## COVER LETTER

	New Filing Sectio Division of Corpo			. 0
SUBJEC	T: <u>V</u>	Name of Limit	s GO De C /1.C	<u>c //L</u>
The encl	osed Articles of O	rganization and fee(s) are	submitted for filing.	
Please re	turn all correspon	dence concerning this matt	ter to the following:	
	300	odra H.	Name of Person	
	<u> </u>	outhern De	245 Propert	ies LLC
	117	W. Jane	Address	
	Co	escent li	t. Pl 321	12
		MSMith	ty/State and Zip Code  1338	nail. Com
T . C		eerning this matter, please		
For faring	Sand	a Smitt at	200 000 0	514
	Name	of Person Ar	ca Code Daytime Telephone	e Number
Enclose	d is a check for the	following amount:		
□ <b>\$</b> 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ZIS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
				7.00 200 200

**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:					
	roperties 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:				
117 W. Janet Dr.	- Same				
1 32/10					
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:					
Sandra M. SMITh					
117 W. Janet Dr.					
Florida street address (P.O. Box NOT acceptable)					
Crescent City F1 32112					
City State					
	e la				

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)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) \_. (OPTIONAL) 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/ §.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)