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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: THAELLE ASSOCIATES PROPERTY MANAGEMENT, L. 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:
Chifford Ido THAELL Name of Person
Firm/Company
3930 TAN MOUSE ROOD
City/State and Zip Code Cthaell D 9MAII. Com E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
Cliff Thzell at (850) 545 - 8866 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: [2] \$125.00 Filing Fee

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 1 - Name: The name of the Limited Liability Company is:
THAELL & ASSOCIATES Property MANAGMENT, LA (Must contain the words "Limited Liability Company, "L.Y.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3930 TAN MOUSE RODD SAME DID HOSSEE, FL 32309
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: Georgean H Machulis Name Name Section Name Section Name Section Name Name
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 vertificate. 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 [Continued] [

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OPTIONALY
. (OPTIONAL) not be more than five business days prior to or 90 days after able statutory filing requirements, this date will not be listed as ords.
nuthorized representative of a member. since with section 605.0203 (1) (b). Florida Statutes. submitted in a document to the Department of State
13

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)