L23000 397948

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	<u></u>
PICK-UP	WAIT MAIL
	(D. 2000) F (S. 11)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





900414581199

03/28/23--01002--002 **125.00





COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: Ti	CF (DAST Name of Lim	Capital Pro	perties LLc
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
<u>:</u>		Name of Person	Jang.
	1	Firm/Company	, , , , , , , , , , , , , , , , , , , ,
340	2 Apaloch	FE PKWY-	#A
	Mahassee	2 FL 3231 ty/State and Zip Code	
	1 2 11 16 7 1 14 16	FIL COLL STRICT C	CAR
		for future unitual report notificat	ion)
	meerning this matter, please		
<u> Zu (</u>	Li Warisan	Ca Code Daytime Telephon	389
Nan	ie of Person Ar	ea Code — Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
∇IS+25.00 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)
Maitir	ıø Address	Street Address	

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

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

۸	R	TI	C1	Æ	[-	Na	me	:
---	---	----	----	---	-----	----	----	---

The name of the Limited Liability Company is:

(Musi 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:
7400- Apriladice PKNY #A	Samo
Fall 1 200 T 7-72	
I MUCHINOSPE, I- L DEST	

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:

Name

3402 Apakadiff PKVV FA

Florida street address (P.O. Box NOT acceptable)

Tall (alia SSEP FL 3231)

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:

"MGR" = Mai		
/ 1 K/1 I	nager O O	T: 1 - 1 1/1
<u> FIN</u>	5 K	Tienthe Wil
		3402 Apalatice Plany
		Tarlabersec, FL 32311
AME){	TUGIN WIME
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- A A A A A A A A A A A A A A A A A A A
		-31102 April 11 Last PROV
		Inllatussee, FL 32311
-		
Alico attachmo	nt if necessary)	
1030 attachine	nen necessary)	
LE V: Effective	date, if other than the date	e of filing:
.E VI: Other pro	ovisions, if any,	
	ovisions, if any,	Data.
	SIGNATURE:	District.
	Signature of a me This document is execu I am aware that any false constitutes a third degre	ember or an authorized representative of a member, ited in accordance with section 605,0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State of felony as provided for in 8,817,155, F.S. Typed or printed name of signee
	Signature of a me This document is execu I am aware that any false constitutes a third degre	ted in accordance with section 605.0203 (1) (b). Florida Statutes, the information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee
\$125.00 Filir \$ 30.00 Cer	Signature of a me This document is execu I am aware that any false constitutes a third degre	reted in accordance with section 605,0203 (1) (b). Florida Statutes, the information submitted in a document to the Department of State fellowy as provided for in 8,817,155, F.S. Lynch

<u>Filing Feest</u>

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)