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9811 PROPERT	IES LLC		
	A000000003 For: 125		
Thank you Seth N	Neeley	x	Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
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COVER LETTER

	v Filing Sec ision of Cor			
SUBJECT:		9811 Prope Name of Lin	YTTOU LLC nited Liability Company	
The enclosed	l Articles of	Organization and fee(s) are	submitted for filing.	
Please return	all correspo	indence concerning this ma	tter to the following:	
-	P.e	ter Stefan	Name of Person	
-			Firm/Company	
_		2077 N. P.	Wurling ROad Address	#1
-	pet.	e@mid rout	ty/State and Zip Code	UU9 .+ ion)
For further inf	ormation co	ncerning this matter, please	call:	
-		terson Ar	54) 931 - 027 ca Code Daytime Telephon	
Enclosed is a	check for th	e following amount:		
t y\$ 125.00 F	iling 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)
	Mailin	g 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

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: and the pomposition of t
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:
Michael J. Tobin, ESq.
10800 BISCAUNE BIV A \$1700 Florida street address (P.O. Box NOT acceptable)
MIGMI FL 33161
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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 MER (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. REOUIRED 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.

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)

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