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L24000103696

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Property *FAMILY LLC*

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March 1, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILINGS, INC

SUBJECT: PROPERTY LLC
PEF: W24000034495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Attn. #: W24000080563
Letter Number: 524A00004592

H24000080583

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Property Family LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Staci J. Rutman
Name of Person

Rutman Law
Firm/Company

1680 Michigan Avenue, Suite 700
Address

Miami Beach, FL 33139
City/State and Zip Code

srutman@rjrlmampa.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Kizze at (786) 632-1581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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)
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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 #10
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Property Family LLC

(Must contain the words "Limited Liability Company," "LLC," 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:1701 S. Flagler Drive, Apt. 14021701 S. Flagler Drive, Apt. 1402West Palm Beach, FL 33401West Palm Beach, FL 33401

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:

Claire Therese Lohane

Name

1701 S. Flagler Drive, Apt. 1402Florida street address (P.O. Box Not acceptable)West Palm BeachFL33401

City

State

Zip

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 615, F.S.

Claire Therese Lohane

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:Name and Address:

"AMMR" = Authorized Member

"MGR" = Manager

MGR

Con Lehane

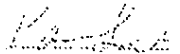
1701 S. Flagler Drive, Apt. 1402

West Palm Beach, FL 33401

(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 filed 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 607.0203 (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 817.113, F.S.

Con Lehane

Typed or printed name of signer

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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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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