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09/17/24--01925--019 **125.00

COVER LETTER

TO: New Filing Division of	Section Corporations			
CLIBICOT	Properties, LLC			
30 0 02C1.	Name of	Limited Liabil	ity Company	
The enclosed Articles	s of Organization and fee(s) are submitted	for filing.	
Please return all corre	espondence concerning this	s matter to the f	ollowing:	
Juli Gilbo	ert			
		Name of	Person	
John Dou	iglas Finanacial Group			
	 	Firm/Co	mpany	
2217 St.	Andrews Blvd.			
		Addr	ess	
Panama (City, FL 32405			
advfin2@a	att,net	City/State an	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notificati	ion)
For further information	concerning this matter, pl	ease call:		
Juli Gilbe		850	872-1840	
	lame of Person		Daytime Telephon	e Number
Enclosed is a check f	or the following amount:			
■\$125.00 Filing Fed	≘ □\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Div	uiling Address w Filing Section vision of Corporations D. Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
Messer Properties, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office o	f the Limited Liability Company is:
	• •
Principal Office Address:	Mailing Address:
2217 St. Andrews Blvd.	2217 St. Andrews Blvd.
Panama City, FL 32405	2217 St. Andrews Blvd.
ARTICLE III - Registered Agent, Registered Office, & Reg	pistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	
another business entity with an active Florida registration.)	teres rigeria i su man senguare an marrisan e.
anomer outsiness energy with an active I fortun registration.	
The name and the Florida street address of the registered agent	are:

Ethan Messer Name 2217 St. Andrews Blvd. Florida street address (P.O. Box NOT acceptable) Panama City City State

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..

(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 Meml "MGR" = Manager	ber
•	Policy Manager
AMBR	Ethan Messer 2217 St Andrews Blvd.
	Panama City, FL 32405
A N (D D	Libra D. Marsara CB
AMBR	John D Messer SR 2217 St. Andrews Blvd.
	Panama City. FL 32405
(Use attachment if necessary)	
·	
RTICLE V: Effective date, if other th	nan the date of filing:, (OPTIONAL)
f an effective date is listed, the date (e date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after
	does not meet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the D	
RTICLE VI: Other provisions, if any,	
KTK, Ch. 71. Canci provisions, reany.	
REQUIRED SIGNATURE:	A
+11.	$\sim \Lambda_{\Lambda}$
Simula	are of a member or an authorized representative of a member.
	nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware th	at any false information submitted in a document to the Department of State
constitutes a t	third degree felony as provided for in s.817.155, F.S.
<u>Ethan</u>	Messer
	Typed or printed name of signee

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)