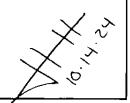
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only/Otale/Elp// Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

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SECRETARY OF STATE VIOLEN

Susan Jon Zeigler

821 South N Street

Lake Worth Beach, FL 33460

To Whom It May Concern,

Please find enclosed the LLC application for the proposed entity Only A Minute Away Property Management, LLC.

I have enclosed the application for your review along with a bank check in the amount of \$130.

If there is a problem or is anything else you need, please do not hesitate to contact me at 561-767-5834.

Regards,

Susan Jon Zeigler

COVER LETTER

	New Filing Sec Division of Co							
SUBJEC"		nute Away Prope	rty Mana	gement. Ll	.C			
SUBSEC.	·	Nai	ne of Lin	nited Liabil	ity Company			
The enclo	sed Articles of	Organization and	fee(s) are	e submitted	l for filing.			
Please reti	urn all correspo	ondence concernir	ng this ma	itter to the	following:			
	Susan Jon Z	eigler						
				Name of	Person			
	Only A Min	ute Away Propert	y Manage	ement, LL(
			,	Firm/Co	empany			
	821 South N	Street						
	Address							
	Lake Worth	Beach, FL 33460						
	onlyaminutea	way@hotmail.coi		ity/State an	nd Zip Code			
	į	E-mail address: (to	be used	for future a	innual report notificati	on)		
For further	information co	ncerning this matt	er, please	e call:				
	Susan Jon Ze	igler		51	767-5834 1			
	Nam	e of Person			Daytime Telephon			
Enclosed i	s a check for the	ne following amou	int:					
□\$125.00) Filing Fee	■\$130,00 Filir Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327			;		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is: Property Management, Lin the words "Limited Lidress of the principal off HOffice Address:	ability Company, "I			
in the words "Limited Li	ability Company, "I			
dress of the principal off	,			
	ice of the Limited L	nability Company is:		
	ice of the Limited L	ability Company is:		
Office Address:				
		Mailing Address:		
	821 Sc	outh N Street		
	Lake V	Lake Worth Beach		
	<u>Florid</u>	Florida, 33460		
Susan Jon Zeigler	Name			
821 South N Street				
Lake Worth Beach	Florida	33460		
City	State	Zip		
hereby accept the appoi visions of all statutes religations of my position as	intment as registered atting to the proper a scregistered agent as	l agent and agree to act i nd complete performanc provided for in Chapter	n this capacity. The of my duties, and I	
	cannot serve as its own betive Florida registration ddress of the registered a Susan Jon Zeigler 821 South N Street Florida street address Lake Worth Beach City gent and to accept service thereby accept the appoint ovisions of all statutes relaigations of my position as	nt, Registered Office, & Registered Agent cannot serve as its own Registered Agent. Yestive Florida registration.) ddress of the registered agent are: Susan Jon Zeigler Name 821 South N Street Florida street address (P.O. Box NOT acc Lake Worth Beach Florida City State gent and to accept service of process for the accept accept the appointment as registered agent as igations of my position as registered agent as	Elorida, 33460 nt, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an indictive Florida registration.) ddress of the registered agent are: Susan Jon Zeigler Name 821 South N Street Florida street address (P.O. Box NOT acceptable) Lake Worth Beach Florida 33460	

(CONTINUED)

ARTICLE IV-

Title:

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

Name and Address:

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Rebecca Alexandra Pallango 4950 NW 179th Street Miami Gardens, FL 33055
AMBR	Susan Jon Zeigler 821 South N Street Lake Worth Beach, FL 33460
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)