

L25000028877

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : D. FINEST LIMO, INC.
Account Number : 107757002402
Phone : (305)725-4755
Fax Number : (305)328-9103

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: infodocs8888@gmail.com

FLORIDA LIMITED LIABILITY CO.

1065 Property, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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STATE
OF FLORIDA
TALLAHASSEE
COUNTY

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ARTICLE OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is 1065 Property, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1000 Lee Street, Unit # 17, Wildwood, FL 34785

ARTICLE III- Purpose: The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV- Registered Agent, Registered Office and Acceptance by Registered Agent:

The name and the Florida street address of the registered agent are:

1000 Lee Street, Unit 17
Wildwood, FL 34785

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 a registered agent as provided for Chapter 608, FS.

1065 Property, LLC

By:

Registered Agent:


Ashlyn Howard Signature

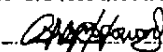
ARTICLE V- Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, manager-managed company.

Tracy Howard 1000 Lee Street, Unit 17, Wildwood, FL 34785


Tracy Howard Signature

Ashlyn Howard 1000 Lee Street, Unit 17, Wildwood, FL 34785


Ashlyn Howard, Manager 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.


Tracy Howard Signature


Ashlyn Howard, Manager Signature

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