

LD9000105878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800162280928

11/02/09--01012--018 **125.00

FILED

09 NOV -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Devore's Beach Cottage
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Devore / Bruce Devore
Name of Person

Devore's Beach Cottage
Firm/Company

2333 Aspen St. NE
Address

Canton, OH. 44721
City/State and Zip Code

devoreccc@neo.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Devore at (330) 499-6580
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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

09 NOV -2 PM 2:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Devore's Beach Cottage, L.L.C.
(Must end with 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:

Devore's Beach Cottage, LLC
19417 Gulf Blvd D208
Indian Shores, FL 33785

Mailing Address:

The Devore's
2333 Aspen St. NE
Canton, OH 44705

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:

Louise Goetz, agent, Complete Properties
Name
522 Alternate 19
Florida street address (P.O. Box **NOT** acceptable)
PAIM Harbor FL 34683
City, State, and 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 608, F.S.

Louise Goetz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

BRUCE DEVORE
DENISE DEVORE

2333 Aspen St. NE
Canton, OH 44721

MGRM

LOUISE GOETZ
322 ALTERNATIVE 19
PALM HARBOR, FLA. 34683

Complete Properties

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/26/09 (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.)

REQUIRED SIGNATURE:

DENISE DEVORE
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DENISE DEVORE
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)

FILED
09 NOV - 2 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA