

U5000114297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

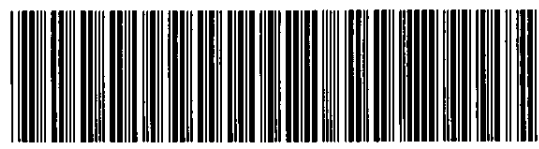
(Business Entity Name)

(Document Number)

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T SCHROEDER

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

674 Elizabeth LLC		

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
 Availability _____
 Document _____
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7/8/2015

ST

Order#:
9616618

Ref#: _____

Amount: \$ _____

ARTICLES OF ORGANIZATION

FOR

674 ELIZABETH LLC

ARTICLE I - Name:

The name of the Limited Liability Company is 674 Elizabeth LLC.

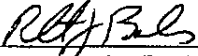
ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 516 Lakeview Road-Villa III, Clearview, Florida 33756.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are Robert J. Banks, 516 Lakeview Road-Villa III, Clearview, Florida 33756.

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.




Robert J. Banks, Registered Agent

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

Manager: Robert J. Banks, 516 Lakeview Road-Villa III, Clearview, Florida 33756.

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.



Robert J. Banks, Trustee of Robert J. Banks
Trust Agreement dated June 19, 1991, as amended
and/or restated, Member

FILED
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