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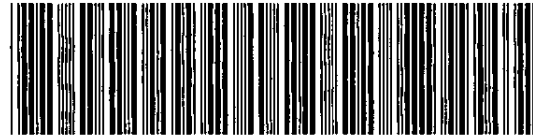
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10 OCT 25 AM 9:20

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☐ If checked, reply to  
New Jersey Office

October 19, 2016

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Bloomfield B101, LLC**

Dear Sir or Madam:

Enclosed for filing with your office please find the following documents submitted on behalf of Bloomfield B101, LLC:

1. Cover Letter ;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check made payable to Florida Department of State in the amount of \$160.00 to cover your filing fee, Certificate of Status and Certified copy of the attached Articles of Organization for Florida Limited Liability Company.

I have enclosed an additional copy of the Articles of Organization for Florida Limited Liability Company for your convenience in returning a certified copy directly to Mr. John M. DePledge, authorized member of Bloomfield B101, LLC.

Please do not hesitate to contact Mr. DePledge at (215) 680-0957 or the undersigned at (732) 447-4121 with any questions or comments.

Thank you.

Very truly yours

PAUL H. SHUR

PHS:jfm  
Enclosures  
cc: John M. DePledge (w/encl.)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLOOMFIELD B101, LLC  
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:

John M. DePledge  
Name of Person  
  
Firm/Company  
  
5965 Bloomfield Circle, Unit B-101  
Address  
  
Naples, FL 34112  
City/State and Zip Code  
  
jmd8891@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M. DePledge      215      680-0957  
at (      )  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLOOMFIELD B101, LLC

(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:

5965 Bloomfield Circle

Unit B-101

Naples, FL 34112

Mailing Address:

5965 Bloomfield Circle

Unit B-101

Naples, FL 34112

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:

John M. DePledge

Name

5965 Bloomfield Circle, Unit B-101

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

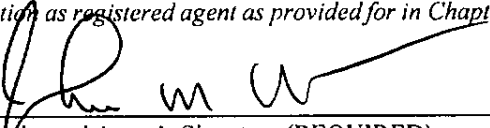
34112

City

State

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

10 OCT 25 AM 9:28

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

John M. DePledge

5965 Bloomfield Circle - Unit B-101

Naples, FL 34112

AMBR

Ellen D. DePledge

5965 Bloomfield Circle - Unit B-101

Naples, FL 34112

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED 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.

JOHN M. DePLEDGE

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)