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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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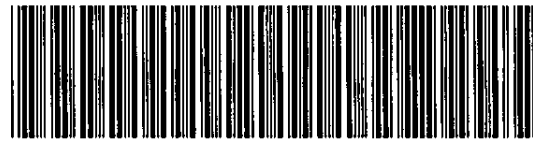
(Business Entity Name)

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17 MAY 23 AM 10:13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON

MAY 23 2017

2180 Monroe Avenue
Rochester, New York 14618
Phone (585) 244-6000
Fax (585) 270-3770
(not for service of process)

*also admitted in North Carolina



Dennis Herron
AND ASSOCIATES

Dennis P. Herron*
dphesq@dennisherron.com
www.dennisherron.com

Robin C. Saurini
Paralegal
rsaurini@dennisherron.com

May 19, 2017

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

Re: Three Palms RV Park L.L.C.

Dear Sir or Madam:

Enclosed please find the Cover Letter and Articles of Organization for Florida Limited Liability Company in the above-referenced matter. In addition, enclosed please find a check made payable to Florida Department of State in the amount of \$160.00 (\$125 filing fee, \$30.00 certified copy and \$5.00 Certificate of Status).

Thank you for your attention in this matter.

Very truly yours,

DENNIS HERRON AND ASSOCIATES, LLP


Dennis P. Herron, Esq.

DPH/rcs
Enclosure

17 MAY 2017 10:13
SEC. OF STATE
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Palms RV Park L.L.C.
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:

Dennis Herron
Name of Person

Firm/Company

2180 Monroe Ave
Address

Rochester NY 14618
City/State and Zip Code

OPHESQ AT Dennis Herron, Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Herron at (585) 244-6000
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

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FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Palms RV Park 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3821 Cetus Parkway</u>	<u>3821 Cetus Parkway</u>
<u>Cape Coral FL 33991</u>	<u>Cape Coral FL 33991</u>

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:

<u>Corporation Service Company</u>	<u>Dean Calhoun</u>	
Name		
<u>1201 Hays Street</u>	<u>3821 Cetus Parkway</u>	
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee, FL 32304</u>	<u>Cape Coral</u>	<u>FL 33991</u>
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..

Corporation Service Company

By: Dean Calhoun

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 MAY 23 AM 10:13

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

AMBR

Name and Address:

Dennis Herron

2180 Monroe Ave Roch-J-NY

14612

Dean S. Lhogn

3821 Center Parkway

Cape Coral FL 33914

(Use attachment if necessary)

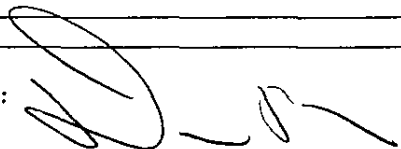
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Dennis Herron

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)

17 MAY 20 11:10:10

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA