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FALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1062 Hartley Ave #201, LLC, a Florida limited liability company

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

Please return all correspondence concerning this matter to the following:

,		
Christopher A. Roche		
Name of Person		
Firm/Company		
229 N. Collier Blvd.		
Address		
Marco Island, FL 34145		
City/State and Zip Code		
croche@marcolawoffice.com		
E-mail address: (to be used for futu	re annual report notification)	
For further information concerning t	his matter, please call:	
<u>Christopher A. Roche</u> at	(239) 389-0700	
Name of Person A	rea Code Daytime Telephone Numb	er
Enclosed is a check for the followin	g amount:	
Filing Fee Filing Fee &	[] \$155.00 [] \$160.00 Filing Fee & Filing Fee, Cer Certified Copy of Status & Cer (additional copy (additional is enclosed) is enclosed)	tified
Moiling Address:	Street/Courier Address:	

Mailing Address:

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

Street/Courier Address:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

1062 Hartley Ave #201, LLC

Principal Office Address:

(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:

Mailing Address:

					
229 N. Collie Marco Island,		229 N. Col Marco Isla	lier Blvd. nd, FL 34145		<u>-</u>
ARTICLE III -	Registered Agent, Re	egistered Office	& Registered	d Agent's	-
Signature: (The Limited Liab designate an indi- registration.)	ility Company cannot ser vidual or another busine = Florida street addre	ve as its own Regist ss entity with an ac	tered Agent. Yo ctive Florida	19 FEB	Ti
	Christopher A.	Roche		£π1€	;y
	Circ 15 Copiler 11.	Name		AH 9: Sersi	
	229 N. Collie	er Blyd.			_
	Florida Street Addres		ccepted)	TAGE ORIDA	
	Marco Island City	FL 34145	-		

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)

ARTICLE IV -

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

Title:	Name and Address
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Christopher A. Roche
	229 N. Collier Blvd.
	Marco Island, FL 34145
	700 to
	55 d 11
	See W
	
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(Use attachment if necessary)	
,	
ARTICLE V: Effective date, if other (OPTIONAL)	t than the date of filing February 12, 2019
	ate must be specific and cannot be more than
five business days prior to or 90 days	
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ARTICLE VI: Other provisions, if as	ev.
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Signature of a member or an authorized representative of a member. (In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Christopher A. Roche
Typed or printed name of signee

<u>Filing Fees:</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)