

L20000 374090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

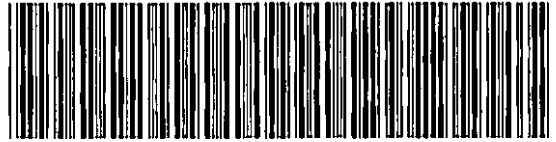
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC -1 P112:14
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WEBB FAMILY LAKEHOUSE, 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:

LARRY E. CIESLA
Name of Person
LAW OFFICE OF LARRY E. CIESLA
Firm/Company
4400 NW 23RD AVENUE, SUITE A
Address
GAINESVILLE, FL 32606
City/State and Zip Code
DRMJWEBB@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY E. CIESLA 352 378-5603
Name of Person at () 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
DEC 12 2006
12:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEBB FAMILY LAKEHOUSE, LLC

(Must contain 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:

Mailing Address:

c/o MICHAEL J. WEBB
3402 HEARDS FERRY DRIVE
TAMPA, FL 33618

SAME

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.)

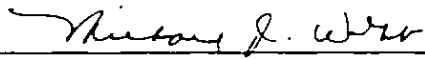
The name and the Florida street address of the registered agent are:

MICHAEL J. WEBB
Name

3402 HEARDS FERRY DRIVE
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33618
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)

2023 Dec -1 PM 12:15

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MICHAEL J. WEBB
3402 HEARDS FERRY DRIVE
TAMPA, FL 33618

AMBR

MIRIAM ANNE AYER
10470 SE 138TH PLACE ROAD
SUMMERFIELD, FL 34491

AMBR

HERBERT M. WEBB
4510 NW 71ST BOULEVARD
GAINESVILLE, FL 32606

AMBR

JANE MARIE VOGUE
10495 SE 138TH PLACE ROAD
SUMMERFIELD, FL 34491

(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.

- Articles of Organization of Webb Family Lakehouse, LLC shall become effective on the date of filing with the Secretary of State.
- William Brian Webb shall be the only authorized signatory for the Webb Family Lakehouse, LLC bank account.

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.

MICHAEL J. WEBB

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)

7:57:00 PM 12/15

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

LISA MARGARET HODGES
8020 NW 1ST PLACE
GAINESVILLE, FL 32607

AMBR

JOHN DOUGLAS WEBB
10495 SE 138TH PLACE ROAD
SUMMERFIELD, FL 34491

AMBR

JOSEPH WARREN WEBB
327 FAIRWAYS CIRCLE, UNIT A
OCALA, FL 34472

AMBR

WILLIAM BRIAN WEBB
120 PINE KNOLL
ALPHARETTA, GA 30022

(Use attachment if necessary)

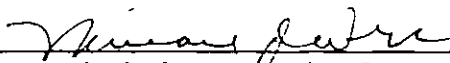
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

William B. Webb

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)

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FILED