

L20000380325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

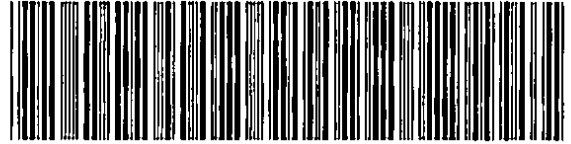
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 132 AZALEA, 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:

WALTER S. KYZAR
Name of Person
132 AZALEA, LLC
Firm/Company
4608 OPA LOCKA LN
Address
DESTIN, FL 32541
City/State and Zip Code
SCOTTK@GOSOUTHERN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A. GILMORE, ESQ. 850 269-8812
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

132 AZALEA, 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:

4608 OPA LOCKA LN

DESTIN, FL 32541

4608 OPA LOCKA LN

DESTIN, FL 32541

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:

WALTER S. KYZAR

Name

4608 OPA LOCKA LN

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

DESTIN

FL

32541

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.

Walter S. Kyzar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 A. SHOULTS, CO-TRUSTEE OF THE
MICHAEL AND NANCY SHOULTS LIVING TRUST
DATED APRIL 26, 2019

Address: 4608 OPA LOCKA LN, Suite 300, Destin, FL
325

AMBR

BRADLEY T. SHOULTS, TRUSTEE OF THE
BRADLEY T. SHOULTS REVOCABLE TRUST
DATED AUGUST 1, 2013

Address: 4608 OPA LOCKA LN, Suite 300
DESTIN, FL 32541

(Use attachment if necessary)

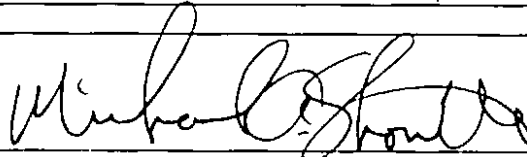
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 20, 2020 (OPTIONAL)

(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.

MICHAEL A. SHOULTS

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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Robert A. Gilmore, Esq.

4608 Opa Locka Lane
Destin, Florida 32541
Tel: (850) 269-8812

November 12, 2020

Mr. William Lawrence
Regulatory Specialist II
Florida Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corrected Articles of Organization for 132 AZALEA, LLC
Ref. Number: W20000120831

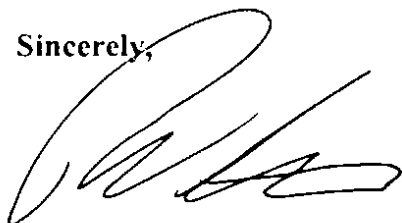
Dear Mr. Williams,

In reply to your letter and notice of October 19, 2020, I am returning the Corrected Articles of Organization for the above limited liability company adding the current address for both members (4608 Opa Locka LN, Suite 300, Destin, FL 32541).

I can be reached via email at rob@gosouthern.com or by telephone at (850) 269-8812.

Thank you for your time and attention to the enclosed.

Sincerely,



Robert A. Gilmore, Esq.,
Attorney for 132 Azalea, LLC

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