

L21000402079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

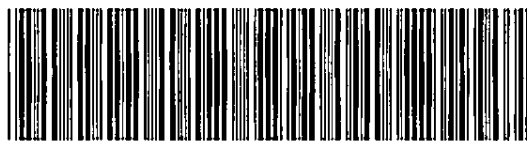
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000085960

Office Use Only



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05/18/21--01020--011 **125.00

2021 JUN 23 PM 1:17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 519 B-1 SHADY PINE WAY 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:

Andre and Lois Guionnaud
Name of Person

Firm/Company

1451 Longarzo PLACE
Address

WEST PALM BEACH, FL 33415
City/State and Zip Code

andreguionnaudjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre Guionnaud at (561) 252-7410
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

2011 JUN 23 PM 11:17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

519 B-1 SHADY PINE WAY 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:

1451 Longarzo Place
WEST PALM BEACH, FL 33415

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:

Andre S. Guionnaud, JR

Name

1451 Longarzo Pl.

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

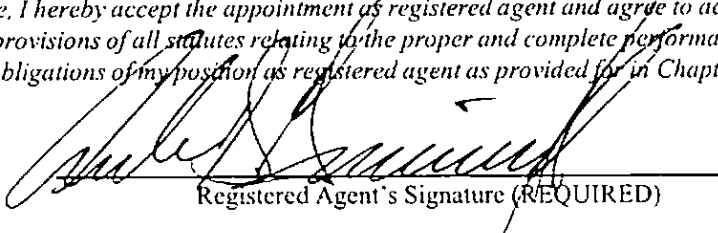
WEST PALM BEACH, FL 33415

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)

11-1-13 5:17

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Andre S. Guionnaud, Co-Trustee of the
Guionnaud Family Revocable Living Trust dated
May 17, 2021
1451 Longarzo PL, West Palm Beach, FL 33415

AMBR

Lois M. Guionnaud, Co-Trustee of the
Guionnaud Family Revocable Living Trust
dated May 17, 2021
1451 Longarzo Pl., West Palm Beach, FL 33415

(Use attachment if necessary)

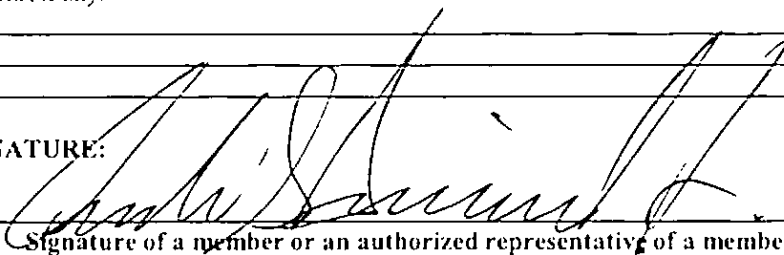
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Andre S. Guionnaud, JR.

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)



Rec'd 6/23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2021

ANDRE AND LOIS GUIONNAND
1451 LONGARZO PLACE
WEST PALM BEACH, FL 33415

SUBJECT: 519 B-1 SHADY PINE WAY LLC
Ref. Number: W21000085960

We have received your document for 519 B-1 SHADY PINE WAY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide a completed address for officers listed in Article IV, also separate each officer information to be recorded.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris
Regulatory Specialist II

Letter Number: 721A00013104

New Filing Section, Div. of Corp. 2415 N. Monroe St., Ste 810
The Centre of Tallahassee www.sunbiz.org 32303
Division of Corporations, P.O. Box 6297, Tallahassee, Florida 32314