

L21000505546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

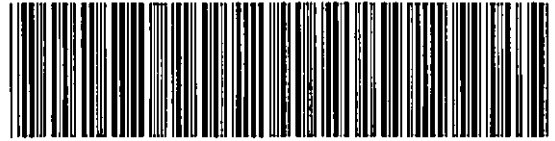
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400374735724

10/15/21--01029--003 **120.00

2021 NOV - 1 11 49 AM

W21-138517

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2021

RONSON BIEDRZYCKI
18020 US HIGHWAY 41
SPRING HILL, FL 34610

SUBJECT: 18036 US HIGHWAY 41 LEASING LLC
Ref. Number: W21000138517

We have received your document for 18036 US HIGHWAY 41 LEASING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed LLC application for Articles of Organization and return. No additional payment is needed.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 921A00025455

2021 OCT 22 PM 1:40
18036 US HIGHWAY 41 LEASING LLC
W21000138517

2021 NOV -1 Fri 4:55

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 13036 US Hwy 41 Leasing LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ronson Biedrzycki
Name of Person

13036 US Hwy 41 Leasing LLC
Firm/Company

13020 US Hwy 41
Address

Spring Hill, FL 34610
City/State and Zip Code

Ronson711@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronson Biedrzycki at (352) 238-9524
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)

*In prior mailing,
call if questions.*

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

18036 US Hwy 41 Leasing 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:

18036 US Hwy 41
Spring Hill, FL 34610

Mailing Address:

Ronsen Biedrzycki
18020 US Hwy 41
Spring Hill, FL 34610

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:

Ronsen Biedrzycki
Name

18020 US Hwy 41
Florida street address (P.O. Box ~~NOT~~ acceptable)

Spring Hill, FL 34610
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..

Ronsen Biedrzycki
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

Ronson Biedrzycki
18020 US Hwy 41
Spring Hill, FL 34610

AMBR

Casey Biedrzycki
18020 US Hwy 41
Spring Hill, FL 34610

AMBR

Ronald Biedrzycki
18036 US Hwy 41
Spring Hill, FL 34610

AMBR

Jason Biedrzycki
18036 US Hwy 41
Spring Hill, FL 34610

(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.

Ronson Biedrzycki
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)

2021 NOV - 1 PM 4:15