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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP:	11/14/2022		
	CERTIFIED COPY PHOTOCOPY				
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хх	FILING	LLC		·	
	Leverkusen Land, LLO			_	
(CORPORATE NAME AND DOCUM	IENT #)	- 1		
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ECIAL STRUC	TIONS:				

COVER LETTER

TO:	New Filing Se Division of Co				
eum te		USEN LAND, LLC			
SUBJE	.C1:	Name	of Limited Li	ability Company	
The enc	:losed Articles of	f Organization and fe	e(s) are submi	tted for filing.	
Piease	eturn all corresp	ondence concerning	this matter to t	he following:	
	William R.	Bird, Jr.			
			Name	of Person	
	South Milha	ausen, P.A.			
	.		Firm	/Company	
	1000 Legior	n Place, Suite 1200			
	 		A	ddress	
	Orlando, FL	. 32801			
	hhird@eauth	milhausen.com	City/State	and Zip Code	
			e used for futu	re annual report notifica	ution)
For furthe		oncerning this matter.		•	,
	Bill Bird		407	539-1638	
	Nam	ne of Person	- \	e Daytime Telepho	ne Number
		he following amount			
□ \$125	.00 Filing Fee	□\$130.00 Filing Certificate of Stat	us Cer	\$155.00 Filing Fee & rified Copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		Street Address	
		iling Section		New Filing Section D	
		on of Corporations – Box 6327		The Centre of Tallal 2415 N. Monroe Str	
		assee, FL 32314		Tallahassee, FL 323	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Leverkusen Land, LLC			_	
(Must contain the words	: "Limited Liability Company, "L	L.C.," or "Ll.C.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited L	iability Company is:		
Principal Office Add	dress:	Mailing Address:		
1610 Hidden Palms Drive		Iidden Palms Drive		
Davenport, FL 33897	Daven	port, FL 33897	_ ^-	DIS.
			- रू: - เว	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida.) The name and the Florida street address of the	e as its own Registered Agent. You registration.)		LEA TH AGN	7804370 45 40/81A
(The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You registration.) c registered agent are: . Bird, Jr.		ROVILLEN 2:	STOWNERS OF ASSESSED AS YOUS
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	e as its own Registered Agent. You registration.) Cregistered agent are:		LEA TH AGN	SHOLLYNOUSED AS YOUR SECONDARY SECOND
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the William R.	as its own Registered Agent. You registration.) c registered agent are: . Bird, Jr.		ROVILLEN 2:	STOCK OF STORES AND ADDRESS OF THE STORES
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the William R.	e as its own Registered Agent. You registration.) c registered agent are: . Bird, Jr. Name	eu must designate an individual or	ROVILLEN 2:	STOWNERS OF ASSESSED AS YOUS
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the William R.	e as its own Registered Agent. You registration.) e registered agent are: Bird, Jr. Name on Place, Suite 1200	eu must designate an individual or	ROVILLEN 2:	STOWNERS OF ASSESSED AS YOUS

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:	
	othorized Member	
"MGR" = Man		٠
MGR	K. Wade Foster 1610 Hidden Palms Drive	12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	Davenport, FL 33897	
		157 Signal Signal
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If an effective date is lis he date of filing.) <u>Note:</u> If the date insert <mark>e</mark>	edate, if other than the date of filing:	
ARTICLE VI: Other pro	ovisions, if any.	
REQUIRED S	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 R. Bird, 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)