

L23000408026

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JBarrett@risimaging.com

FLORIDA LIMITED LIABILITY CO.
3053 Jack Creek LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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STATE OF FLORIDA
TALLAHASSEE

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1053 Jack Creek 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:

Louise Spivey
Name of Person

Peterson & Myers, P.A.
Firm/Company

225 East Lemon Street, Suite 300
Address

Lakeland, Florida 33802
City/State and Zip Code

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

For further information concerning this matter, please call:

Louise Spivey 863 683-6511
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
2115 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3053 Jack Creek 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:

5154 Hanover Lane
Lakeland, Florida 33813

5154 Hanover Lane
Lakeland, Florida 33813

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:

John Barrett

Name

5154 Hanover Lane

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

Lakeland

Florida

33813

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

<u>Title</u>	<u>Name and Address:</u>
"AMDR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	<u>RMR Real Estate, L.L.C.</u> <u>5151 Unnover Lane, Lakeland Florida 33813</u>
_____	_____
_____	_____
_____	_____
_____	_____

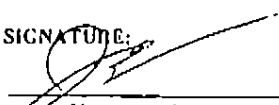
(Use attachment if necessary)

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.

John Barrett
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)

SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FL

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