

L240000064952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

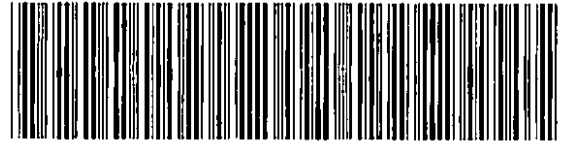
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700421738347

TALLAHASSEE

FILED

RECEIVED

2024 JAN -7 PM12:27 2024 FEB -7 PM12:01

STATE OF FLORIDA
TALLAHASSEE



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/06/2024

Name: Patrice Rush

Reference #: 2242076

Entity Name: FLEETWOOD PROPERTIES I LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Please provide certified copy and certificate of status upon filing

Authorized Amount: \$160.00

Signature: 

2024 JAN - 7 11:02 AM
OFFICE OF STATE
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/06/2024

Name: Patrice Rush

Reference #: 2242076

Entity Name: FLEETWOOD PROPERTIES I LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Please provide certified copy and certificate of status upon filing

Authorized Amount: \$160.00

Signature: 

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Fleetwood Properties I 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:

Robert Matthews	Name of Person
Matthews Development Corporation	Firm/Company
1875 Old Willow Rd. #115	Address
Northfield, IL 60093	City/State and Zip Code
robert@thebluewatercompanies.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Matthews	312	735-4461
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fleetwood Properties I 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:

1875 Old Willow Rd., Unit 115
Northfield, IL 60093

Mailing Address:

1875 Old Willow Rd., Unit 115
Northfield, IL 60093

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:

Cogency Global Inc.

Name

115 N. Calhoun St., Suite 4

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

Tallahassee

FL

32301

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..

Jaime Torres

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JAN -7 PM 12: 28
STATE
SECRET, FL

FILED

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

Robert Matthews
1875 Old Willow Rd., Unit 115
Northfield, IL 60093

AMBR

Charles D. Matthews
1875 Old Willow Rd., Unit 115
Northfield, IL 60093

MGR

Robert Matthews
1875 Old Willow Rd., Unit 115
Northfield, IL 60093

(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.

Robert Matthews

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)