

W4000058456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

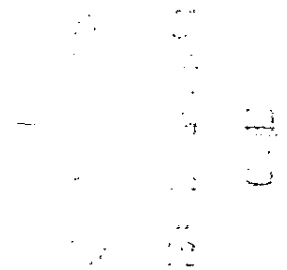
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W4-58456
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1211 willow lane 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:

Michael Harchuck
(Name of Person)

1211 willow lane LLC
(Firm/Company)

PO BOX 560218
(Address)

Rockledge, FL 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Del Papa at (321) 636-1970
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

1211 Willow Lane LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1851 Barrington Circle
Rockledge FL 32955

Mailing Address:

PO BOX 560218
Rockledge, FL 32955

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Michael E. Harchuck
Name

1851 Barrington Circle
Florida street address (P.O. Box **NOT** acceptable)

Rockledge FLORIDA 32955
City, State, and 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 608, Florida Statutes..

Michael E. Harchuck
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGORM" = Managing Member

MGRM

MGRM

MGRM

Name and Address:

Michael E. Harchuck

1851 Barrington Circle

Rockledge, FL 32955

Agatha Harchuck

1851 Barrington Circle

Rockledge, FL 32955

Mary DelPapa

1817 Hudson Dr

Rockledge, FL 32955

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Michael Harchuck

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Harchuck

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)