

L14000125937

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5150 Classics 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:

Richard D. Dodez, Esquire

Name of Person

Black, McCuskey, Souers & Arbaugh

Firm/Company

220 Market Avenue South, Suite 1000

Address

Canton, Ohio 44702

City/State and Zip Code

ddodez@bmsa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Dodez

at (330) 456-8341

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5150 Classics LLC

(Must end with 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:

39331 Lake Burns Road

Umatilla, FL 32784

Mailing Address:

39331 Lake Burns Road

Umatilla, FL 32784

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

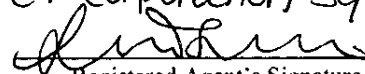
FL 33324

City

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..

CT Corporation System by:



Registered Agent's Signature (REQUIRED)

Sierra Burns

Vice President & Assistant Secretary

(CONTINUED)

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14 AUG 11 PM 12:06
CLERK OF DISTRICT COURT
JANUARY 1 2014

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 _____

Karry A. Jones _____

3197 Tabor Ridge Road N.E. _____

Mineral City, Ohio 44656 _____

AMBR _____

Steven R. Martin _____

11267 Indian Hill Drive N.E. _____

Bolivar, Ohio 44612 _____

(Use attachment if necessary)

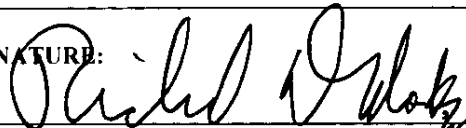
ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

None _____

REQUIRED SIGNATURE:

 _____ Attorney

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Richard D. Dodez, Attorney

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)

14 AUG 11 PM 12:07
RECEIVED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA