

# L18000107773

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

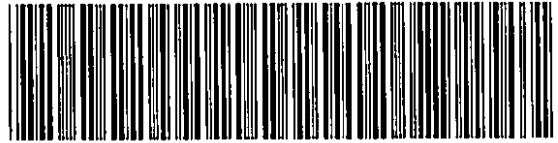
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 APR 30 AM 8:00  
TALLAHASSEE, FL

D O'KEEFE  
MAY - 4 2018



LAW OFFICE OF  
STEFAN CENCARIK, PLLC

April 24, 2018

**VIA FIRST CLASS MAIL**

Division of Corporations  
c/o Filing Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:** 8360 Antwirp LLC

To whom it may concern:

For immediate filing, please find enclosed the following documents:

1. Articles of Organization.

I have also enclosed a check in the amount of \$125.00 for the applicable filing fee.

Please feel free to contact me with any questions or to discuss this filing.

Sincerely,

Stefan Cencarik

SEC  
Enclosure

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 8360 ANTWIRP 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:

STEFAN E. CENCARIK  
Name of Person  
LAW OFFICE OF STEFAN CENCARIK, PLLC  
Firm/Company  
210 BROADWAY, SUITE 202  
Address  
LYNNFIELD, MA 01940  
City/State and Zip Code  
STEFAN@NORTHSHOREBUSINESSLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEFAN E. CENCARIK 781 463-6063  
Name of Person at ( ) 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 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:

8360 ANTWIRP 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:

8360 ANTWIRP CIRCLE  
PORT CHARLOTTE, FL 33981

8360 ANTWIRP CIRCLE  
PORT CHARLOTTE, FL 33981

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:

EDWARD DEAO

Name

8360 ANTWIRP CIRCLE

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

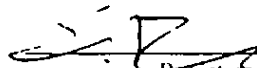
PORT CHARLOTTE, FL 33981

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)

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18 APR 30 AM 8:44  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

EDWARD DEAO

8360 ANTWRP CIRCLE

PORT CHARLOTTE, FL 33981

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

EDWARD DEAO

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)

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18 APR 30 AM 8:46  
TALLAHASSEE, FL