

LO30000001744

STEVEN M. LEONI
(Requestor's Name)

P.O. Box 2535
(Address)

(Address) 850-580-3131

TALLAHASSEE, FL 32316
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

VILLA DEL LAGO, LLC
(Business Entity Name)

(Document Number)

Certified Copies 0 Certificates of Status 1

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 10, 2003

STEVEN M. LEONI
PO BOX 2535
TALLAHASSEE, FL 32316

SUBJECT: VILLA DEL LAGO, LLC
Ref. Number: W03000000860

We have received your document for VILLA DEL LAGO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I and II.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 303A00001397

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:

VILLA DEL LAGO, LLC.

ARTICLE II - Address:

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

MAILING: PO Box 2535

STREET: 235 S. Ocala Road

Tallahassee, FL 32316-2535

Tallahassee, FL 32304

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

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

STEVEN M. LEONI

Name

235 Ocala Road South

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

Tallahassee FL 32304

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, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

STEVEN LEONI

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)

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