

L03000023572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

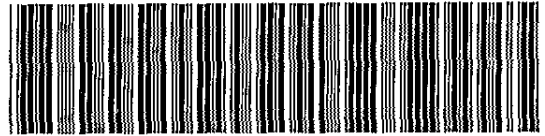
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office

Office Use Only



300020872673

UG/27/03--01032--001 **130.00

FILED
03 JUN 27 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 JUN 27 AM 11:20
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

hxc

CALL

681-6810

Broad & Cassel
Requester's Name
Attn: Patty Turnage
Address
681-6810
City/State/Zip Phone #

Office Use Only

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ULMERTON POINTE PLAZA, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time ASAP ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULMERTON POINTE PLAZA, LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN M. LEONI

(Name of Person)

ULMERTON POINTE PLAZA, LLC

(Firm/Company)

2020 WEST PENSACOLA STREET, SUITE 27

(Address)

TALLAHASSEE, FL 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN M. LEONI

(Name of Person)

at (850) 580-3131

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
ULMERTON POINTE PLAZA, LLC

ARTICLE II - Address:

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

Principal Office Address:

2020 W PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304

Mailing Address:

2020 W PENSACOLA STREET
SUITE 27
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:

JAMES M. RUDNICK

Name

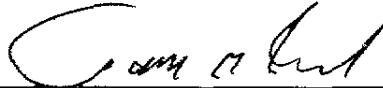
226 N DUVAL STREET

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

TALLAHASSEE FL 32301

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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

STEVEN M. LEONI

2020 W PENSACOLA STREET, SUITE 27
TALLAHASSEE, FL 32304

MGRM

JAMES M. RUDNICK

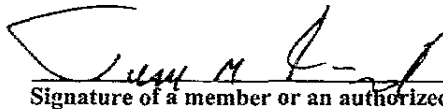
226 N DUVAL STREET
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA
STATE

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

JAMES M. RUDNICK

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)