

W4000054135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

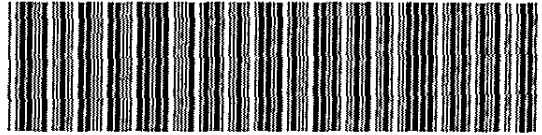
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/20 FL 1C

Office Use Only



200039179012

07/20/04--01031--008 **125.00

0000

FILED
04 JUL 20 PM 2:04
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Higgins Property Management, 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:

Thomas A. Solberg, Esq.
(Name of Person)

(Firm/Company)

3045 N. Caves Valley Path
(Address)

Lecanto, Florida 34461
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas A. Solberg at (352) 746-0475
(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

*Enclosed is check for \$125 for filing fee on
Articles and Designation*

7/15/04

Thomas A. Solberg

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Higgins Property Managment, LLC

ARTICLE II - Address:

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

Principal Office Address:

3145 W. Bermuda Dunes Drive

Lecanto, Florida 34461

Mailing Address:

Same as Principal Office

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

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

Cynthia A. Higgins

Name

3145 W. Bermuda Dunes Drive

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

Lecanto

FLORIDA 34461

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..



Registered Agent's Signature

STATE OF FLORIDA
ALL NOTICES MUST BE FILED
HEREIN

04 JUL 20 PM 2:04

FILED

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:

_____	The LLC is member managed, there is no Manager, Andrew Higgins is the Managing Member
MGRM	Andrew Higgins 11649 W. North Place Lecanto, Florida 34487
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Thomas A. Solberg, Authorized Representative
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.)

Thomas A. Solberg, Authorized Representative

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)