

L04080062917

(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:

W04-30052

2548

Office Use Only



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08/06/04--01007--003 **150.00

04 AUG 20 PM 3:12

RECEIVED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 6, 2004

NORBEY SANCHEZ
P.O. BOX 8426
FORT MYERS, FL 33908

SUBJECT: FLORIDA LAND & PROPERTY
Ref. Number: W04000030052

We have received your document for FLORIDA LAND & PROPERTY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 404A00049047

04 AUG 20 PM 3:12
DIVISION OF CORPORATIONS

Norbey Sanchez
POB 8426
Ft. Myers, FL 33908
(239) 878-8575
(239) 425-2507

Florida Dept. of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Attn: Jason Merrick, Document Specialist

Subject: Florida Land & Property LC
Ref. #: W04000030052

Please amend the name of my entity to "Florida Land & Property LC"

If you have any questions please call me at the above number.

Thank you,
Norbey Sanchez

04 AUG 20 PM 3:12
DIVISION OF CORPORATIONS
FLORIDA DEPT. OF STATE

PO Box 8426
Fort Myers, FL 33908

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Florida Land & Property

August 4, 2004

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Norbey Sanchez

Home Address: 15797 Beachcomber Ave. Fort Myers, FL 33908

Mailing Address PO Box 8426. Fort Myers, FL 33908

Phone: (239) 425-2507. Cell: (239) 878-8575 Fax: (239) 425-2507

Please find attached a check for all filling fees and copies.

Thank you,

Norbey Sanchez
Manager

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DIVISION OF CORPORATIONS
04 AUG 20 PM 3:12

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA LAND + PROPERTY
(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:

NORBEY SANCHEZ

(Name of Person)

FLORIDA LAND + PROPERTY.

(Firm/Company)

P.O. Box 8426

(Address)

FORT MYERS, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

NORBEY SANCHEZ

(Name of Person)

at 239 425-2507

(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

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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA LAND + PROPERTY LC

ARTICLE II - Address:

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

Principal Office Address:

15797 BEACHCOMBER AVE
FORT MYERS, FL 33908

Mailing Address:

PO BOX 8426
FORT MYERS FL 33908

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

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

NORBEY SANCHEZ

Name

15797 BEACHCOMBER AVE

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

FORT MYERS , FLORIDA 33908

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

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BANCORP CREDIT SERVICES

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:

MGR

NORBEY SANCHEZ

P.O. Box 8426

FORT MYERS, FL 33908

MGRM

PATRIA VELEZ

P.O. Box 8426

FORT MYERS, FL 33908

(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.)

NORBEY SANCHEZ

Typed or printed name of signee

Division of Corporations
06 AUG 20 PM 3:12

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)