

W4000070786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

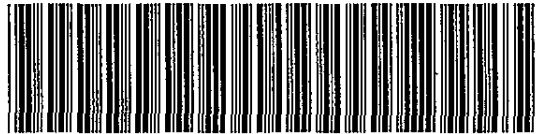
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-20786
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lm Delprado, 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:

KENT G. HEDRICK
(Name of Person)

(Firm/Company)

109 W. Pago Pago Dr.
(Address)

Naples, FL. 34113
(City/State and Zip Code)

For further information concerning this matter, please call:

KENT HEDRICK at (239) 642-7021
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

LM Delprado, LLC

ARTICLE II - Address:

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

Principal Office Address:

4226 Del Prado Bk.
Cape Coral, Fl.
33904

Mailing Address:

ATTN: Kent HEDRICK
109 W. PAGO PAGO DR.
Naples, Fl. 34113

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

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

Kent G. HEDRICK
Name

109 W. PAGO PAGO DR.
Florida street address (P.O. Box NOT acceptable)

Naples FLORIDA 34113
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Kent G. Hedrick
Registered Agent's Signature

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

KENT G. HEDRICK
109 W. PAGO PAGO DR.
NAPLES, FL. 34113

MGRM

MARJA HEDRICK
109 W. PAGO PAGO DR.
NAPLES, FL. 34113

MGRM

JOHN P. ARNOLD
999 COXOMBER DR.
MANA ISLAND, FL. 34145

MGRM

LYNNE WASHBURN
999 COXOMBER DR.
MANA ISLAND, FL.

(Use attachment if necessary)

34145

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

REQUIRED SIGNATURE:

Kent G. Hedrick
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.)

KENT G. HEDRICK
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)