

W40000081197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

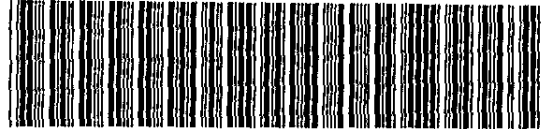
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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W4-81197
OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5855 WEST, 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:

RICHARD LEE BARRETT
(Name of Person)

BARRETT, CHAPMAN & RUTA, P.A.
(Firm/Company)

18 WALL STREET
(Address)

ORLANDO, FLORIDA 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD LEE BARRETT at (407) 839-6227
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
STATE OF 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:

5855 WEST, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

960 STONEWOOD LANE

960 STONEWOOD LANE

MAITLAND, FLORIDA 32751

MAITLAND, FLORIDA 32751

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

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

RICHARD LEE BARRETT

Name

18 WALL STREET

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

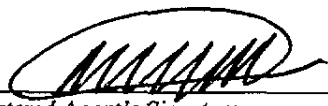
ORLANDO

FLORIDA 32801

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..

FILED
IN THE
OFFICE OF THE
CLERK OF THE
COURT
STATE OF
FLORIDA
ORLANDO
JAN 11 2007
11:17
CUBER



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:

MGR

BRYAN DICKSON

960 STONEWOOD LANE

MAITLAND, FLORIDA 32751

MGR

JENNIFER DICKSON

960 STONEWOOD LANE

MAITLAND, FLORIDA 32751

(Use attachment if necessary)

ARTICLE V-Effective Date: Pursuant to Fla. Stat. §608.409(1), the effective date of the limited liability company's existence is five (5) business days prior to the filing of these Articles of Organization with the State of Florida.



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.)

RICHARD LEE BARRETT

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)

FILED
MAY 5 2017
TALLAHASSEE, FLORIDA

MAY 5 2017

FILED