

LO4 0000 92125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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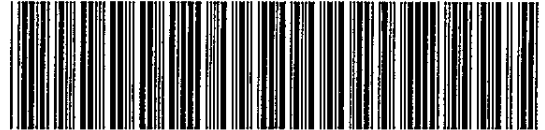
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALABAMA SECRETARY OF REVENUE

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FERNWOOD 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 FAUSEL  
(Name of Person)

Fernwood Property Management, LLC.  
(Firm/Company)

5205 SW 11TH COURT  
(Address)

CAPE CORAL, FL 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS FAUSEL at ( 839 ) 945-4676  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

Subscribed & sworn to before me this 04th day of December, 2018 at Tallahassee, Florida.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FERNWOOD PROPERTY MANAGEMENT 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:**

2920 FERNWOOD LANE SW  
LABELLE, FL 33935

2920 FERNWOOD LANE SW  
LABELLE, FL 33935

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

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

THOMAS FAUSEL

Name

5205 SW 11TH COURT

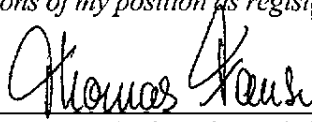
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL, 33914

FL

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

12-6-04

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

"MGRM" = Managing Member

CAPE CORAL, FL 33914

CAPE CORAL, FL 33990

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Figure 1