

C05000003595

(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:

Office Use Only



800043277818

12/10/04--01013--015 **130.00

W 01/11/05

FILED
2004 JAN 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ace II L.L.C.
(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:

Samuel R. Davids
(Name of Person)

W04-46421

Ace II L.L.C.
(Firm/Company)

20 Westminster Dr.
(Address)

Palm Coast FL 32164
(City/State and Zip Code)

FILED
2004 JAN 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Samuel Davids at (386) 503-8416 Cell
(Name of Person) (Area Code & Daytime Telephone Number)
(386) 446-0329

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ace II L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Ace II LLC
20 Westminster Dr.
Palm Coast FL 32164

Mailing Address:

Ace II L.L.C.
20 Westminster Dr.
Palm Coast FL 32164

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

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

Samuel R. Daniels
Name

20 Westminster Dr.
Florida street address (P.O. Box **NOT** acceptable)
Palm Coast FL 32164
City, State, and Zip

FILED
2004 JAN 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Samuel R. Daniels
Registered Agent's Signature

(CONTINUED)

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

Samuel R. Daniels
20 Westminster Dr
Palm Coast FL 32164

MGRM

Angela M. Daniels
20 Westminster Dr
Palm Coast FL 32164

MGRM

Dale J. Daniels
20 Westminster Dr
Palm Coast FL 32164

(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.)

Samuel R. Daniels
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2004 JAN 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA