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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeBary Properties 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:

Brian Borgiet

(Name of Person)

DeBary Properties LLC

(Firm/Company)

80 Spring Vista Dr. ste. 200

(Address)

DeBary, FL. 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Borgiet

(Name of Person)

at (

386

(Area Code & Daytime Telephone Number)

668-2199

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DeBary Properties LLC

ARTICLE II - Address:

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

Principal Office Address:

DeBary Properties LLC
80 Spring Vista Dr. ste 200
DeBary, FL 32713

Mailing Address:

DeBary Properties LLC
80 Spring Vista Dr. ste 200
DeBary, FL 32713

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

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

Brian Boriget

Name

80 Spring Vista Dr. ste 200

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

DeBary, FL 32713

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

(CONTINUED)

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

"MGRM" = Managing Member

Brian T. Borgiet
487 Dogwood Ave.
Orange City, FL 32763

MGR

Mark T. Schuh
197 River Village Dr
DeBary, FL. 32713

MGR

Barbara T. Schuh
325 Covent Garden Pl.
Deltona, FL. 32725

MGR

REQUIRED SIGNATURE:

(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.)

Brian T. Borgiet

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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ALLAHASSEE, FLORIDA

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