

L0500 0019283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

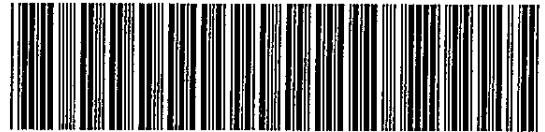
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300046854493

02/24/05--01028--023 **160.00

FILED

05 FEB 24 PM 1:34

SEC. OF STATE
TALLAHASSEE, FLORIDA

JP
2-25-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM MARTIN FAMILY PARTNERSHIP, 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:

VINCENT A. SICA
(Name of Person)

Vincent A. Sica, P.A.
(Firm/Company)

10 S. DeSoto Avenue, Suite 101
(Address)

Arcadia, FL 34266
(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent A. Sica at (863) 491-6400
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
05 FEB 24 PM 1:34
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM MARTIN FAMILY PARTNERSHIP, LLC

ARTICLE II - Address:

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

Principal Office Address:

3410 SE COUNTY ROAD 760
Arcadia, FL 34266

Mailing Address:

3410 SE COUNTY ROAD 760
Arcadia, FL 34266

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

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

Vincent A. Sica, Esq.

Name

10 S. DeSoto Avenue, Suite 101

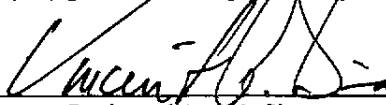
Florida street address (P.O. Box **NOT** acceptable)

Arcadia 34266

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

FILED
05 FEB 24 PM 1:34
STATE
TALLAHASSEE, FLORIDA

(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:

MGRM

William Martin

3410 SE COUNTY ROAD 760

Arcadia, FL 34266

Member

Colleen Martin

3410 SE COUNTY ROAD 760

Arcadia, FL 34266

Member

Kelly Martin Markey

3410 SE COUNTY ROAD 760

Arcadia, FL 34266

Member

Sheri Martin

3410 SE COUNTY ROAD 760

Arcadia, FL 34266

(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.)

William Martin

Typed or printed name of signer

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
05 FEB 24 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA