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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 07/25/2005

REF. #: 001411.40493

CORP. NAME: 6535 MONTROSE TRAIL, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 513531 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

6535 MONTROSE TRAIL, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida

Statutes.

ARTICLE I - NAME

The name of the limited liability company is 6535 Montrose Trail, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 462 Port Malabar Blvd., N.E. Palm Bay, Florida 32905, and the mailing address of the limited liability company shall be the same.

ARTICLE V - MEMBER(S)/MANAGER(S)

The initial managing member of the Limited Liability Company is:

Gwendolyn W. Pitkin
462 Port Malabar Blvd., N.E.
Palm Bay, Florida 32905

ARTICLE III - REGISTERED AGENT
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

Gwendolyn W. Pitkin
462 Port Malabar Blvd., N.E.
Palm Bay, Florida 32905

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.

By: Gwendolyn W. Pitkin
It's Agent: Gwendolyn W. Pitkin

(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 herein are true.)

By: Gwendolyn W. Pitkin
Gwendolyn W. Pitkin
Managing Member

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