

L050000 82693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

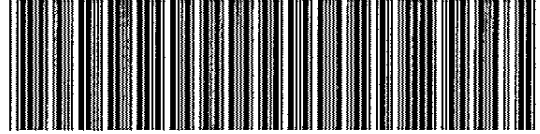
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/22
MEL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNDER HIS GRACE LIMITED LIABILITY COMPANY
(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:

RICHARD DISTEFANO
(Name of Person)

UNDER HIS GRACE LIMITED LIABILITY COMPANY
(Firm/Company)

247 ANNA MARIA WAY NE
(Address)

LAKE PLACID, FLORIDA 33852
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD DISTEFANO at (954) 275-3589
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

SECRETARY OF STATE
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:

UNDER HIS GRACE LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:

247 ANNA MARIA WAY NE
LAKE PLACID, FLORIDA 33852

Mailing Address:

247 ANNA MARIA WAY NE
LAKE PLACID, FLORIDA 33852

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

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

RICHARD DISTEFANO

Name

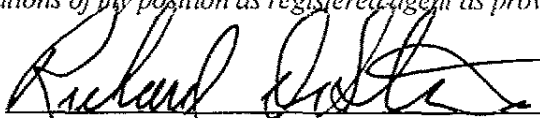
247 ANNA MARIA WAY NE

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

LAKE PLACID, FLORIDA 33852 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

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

LAKE PLACID, FLORIDA 33852

MIAMI, FLORIDA 33016

REQUIRED SIGNATURE:

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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