

L05000097717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

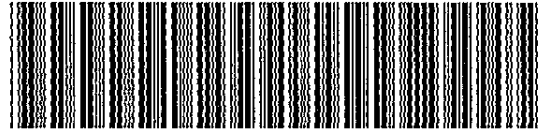
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/05--01019--022 **125.00

FILED
05 OCT -3 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Burch OCT 04 2005

EASTMOND ENTERPRISES, INC.
314 Gunnery Road South, Lehigh Acres, FL 33971
(239) 368-6367 Office (239) 368-3894 Fax

Certified General Contractors #055088

September 29, 2005

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

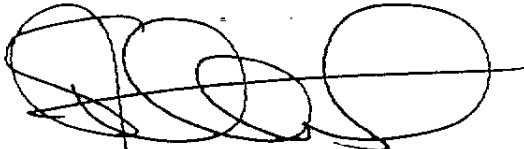
RE: EASTMOND HOMES L.L.C

Gentlemen:

Enclosed is a check for \$125.00 as filing fees and the articles of organization for Limited Liability Company in the name of Eastmond Homes LLC. The mailing address for this entity is 314 Gunnery Road South, Lehigh Acres, FL 33971. The present phone number is (239)368-6367. This company should be effective October 7th, 2005.

Thank you for your cooperation.

Yours truly,
Eastmond Enterprises Inc.

A handwritten signature in black ink, appearing to read 'Stan Eastmond', written over a horizontal line.

Stan Eastmond
President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EASTMOND HOMES 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:

4504 Lee Blvd
Lehigh Acres, FL
33971

Mailing Address:

314 Gannery Road South
Lehigh Acres, FL
33971

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


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

STAN EASTMOND
Name

309 MONROE AVE
Florida street address (P.O. Box NOT acceptable)

LEHIGH ACRES FL 33972
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)

FILED
05 OCT -3 PM
TALLAHASSEE, FL 32309
SECRETARY OF STATE

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

Marilyn Eastmond
309 Monroe Ave
Lehigh, FL 33972

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marilyn Eastmond

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.)

MARILYN EASTMOND

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)