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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY -2 PM 12:05

FILED

MAY - 2 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Estates at Merryfield, 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:

Peter A. Kessler
(Name of Person)
Estates at Merryfield, LLC
(Firm/Company)
1515 CR 210 West, Suite 211
(Address)
Jacksonville, FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Kessler at (904) 733-8885
(Name of Person) (Area Code & Daytime Telephone Number)

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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2006

PETER KESSLER
1515 CR 210 W SUITE 211
JACKSONVILLE, FL 32259

SUBJECT: ESTATES OF MERRIFIELD, LLC
Ref. Number: W06000016785

We have received your document for ESTATES OF MERRIFIELD, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers
Document Specialist
New Filing Section

Letter Number: 906A00024004

Originally filed on wrong form.
Check is enclosed for difference
with the correct form.

Sorry,

Michael Hooper

If you have any questions, please call 904-733-8885

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Estates at Merryfield, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1515 CR 210 West
Suite 211
Jacksonville, FL 32259

Mailing Address:

1515 CR 210 West
Suite 211
Jacksonville, FL 32259

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter A. Kessler
Name

1515 CR 210 West, Suite 211
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville, FL 32259
City, State, and Zip

SECRETARY
TALLAHASSEE, FLORIDA

06 MAY - 2 PM 12:05

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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 (REQUIRED)

(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

MGRM

Name and Address:

Peter A. Kessler

1515 CR 210 West Suite 211
Jacksonville, FL 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Peter Kessler

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY -2 PM 12:06

FILED

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)