

LO7000018723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

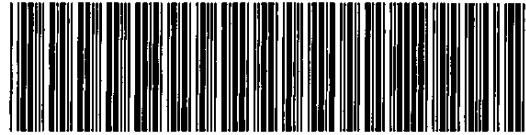
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400088418724

02/16/07--01021--004 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 16 PM 1:55

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESCATERRA, 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:

THOMAS PALMER
(Name of Person)

ESCATERRA, LLC
(Firm/Company)

404 MARY ELLEN CT
(Address)

WINTER GARDEN, FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS PALMER at (863) 307-7033
(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)

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 16 PM 1:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESCATERRA, LLC

ARTICLE II - Address:

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

Principal Office Address:

404 MARY ELLEN CT
WINTER GARDEN, FL
34787

Mailing Address:

404 MARY ELLEN CT
WINTER GARDEN, FL
34787

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

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

THOMAS BOYD PALMER
Name

404 MARY ELLEN CT
Florida street address (P.O. Box **NOT** acceptable)

WINTER GARDEN, FL 34787
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 16 PM 1:55

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.

Thomas Palmer
Registered Agent's Signature

(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 - 33rd

THOMAS BOYD PALMER
404 MARY ELLEN, CT
WINTER GARDEN, FL 34787

MGRM - 34th

STEPHEN ILARDO
2902 SOUTH PARK CT.
SANFORD, FL 32773


MGRM - 33rd

CHRISTOPHER STOGNER
414 EDITHA CIRCLE
SANFORD, FL 32771

(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.)

THOMAS BOYD PALMER
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 16 PM 1:55