

L07000088133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

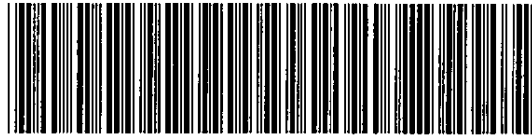
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600108518426

08/27/07--01035--006 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 27 AM 8:21

JB

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. Meadows 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:

John J. Erhart
(Name of Person)

(Firm/Company)

P.O. Box 14901
(Address)

North Palm Beach, FL 33408
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 27 AM 8:21

For further information concerning this matter, please call:

John Erhart at (561) 252-6801
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G. Meadows LLC

ARTICLE II - Address:

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

Principal Office Address:

12682 Ellison Wilson Rd
North Palm Beach, FL
33408

Mailing Address:

P.O. Box 14901
North Palm Beach, FL
33408

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

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

John J. Erhart
Name

12682 Ellison Wilson Rd
Florida street address (P.O. Box **NOT** acceptable)
North Palm Beach, FL 33408
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 27 AM 8:21

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.

John J. Erhart
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:

MGR

John J. Erhart

P.O. Box 14901

North Palm Beach, FL 33408

MGR

Patricia L. Erhart

P.O. Box 14901

North Palm Beach, FL 33408

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 27 AM 8:21

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John J. Erhart

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.)

John J. Erhart

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)