

L08000017034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

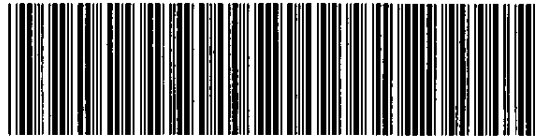
Special Instructions to Filing Officer:

L0800004396

Office Use Only

EFFECTIVE DATE

1-18-08



700115975917

01/24/08--01045--019 **130.00

FILED
08 JAN 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 24 2008

EXAMINER

COVER LETTER.

**TO: Registration Section
Division of Corporations**

SUBJECT: Pete Loerzel Property Management 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:

Pete Loerzel Property Management LLC
(Name of Person)

(Firm/Company)

P.O. Box 2115

(Address)

Naples, FL 34106

(City/State and Zip Code)

For further information concerning this matter, please call:

Pete Loerzel at (**239**) **592-9351**
(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

FILED
08 JAN 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2008

PETE LOERZEL PROPERTY MANAGEMENT LLC
P.O BOX 2115
NAPLES, FL 34106

SUBJECT: PETE LOERZEL PROPERTY MANAGEMENT LLC
Ref. Number: W08000004396

We have received your document for PETE LOERZEL PROPERTY MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 308A00005665

FILED
08 JAN 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pete Loerzel Property Management LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Pete Loerzel

P.O. Box 2115

7085 MILL RUN CIRCLE
NAPLES, FL 34109

Naples, FL 34108

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:

Mark Loerzel

Name

3607 N.W. 133rd Street

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

Gainesville

FL 32606

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

1-18-08

FILED
08 JAN 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pete Loerzel

P.O. Box 2115

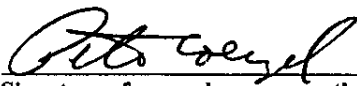
Naples, FL 34106

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/18/07 (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.)

Pete Loerzel

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 24 AM 9:59

FILED