

1080000 58321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

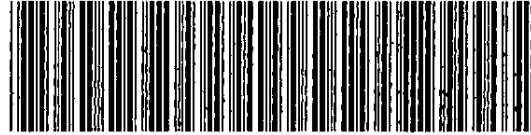
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100131168001

06/12/08--01026--015 **160.00

FILED

08 JUN 12 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas JUN 13 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summertime Deck and Dock 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:

David Ryan Edmonds

(Name of Person)

Summertime Deck and Dock LLC

(Firm/Company)

8440 Village Edge Circle # 2

(Address)

Fort Myers, Florida 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

David Ryan Edmonds

(Name of Person)

at (239) 229-4651

(Area Code & Daytime Telephone Number)

FILED
08 JUN 12 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Summertime Deck and Dock 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:

8440 Village Edge Circle #2
Fort Myers, FL 33919

Mailing Address:

SAME

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:

David Ryan Edmonds

Name

8440 Village Edge Circle #2

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

Fort Myers, FL 33919

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..

David R. Edmonds

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
08 JUN 12 AM 11:46
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

David Ryan Edmonds
8440 Village Edge Circle #2
Fort Myers, FL, 33919

MGR

Michelle H. Lopez
8221 Tivoli Drive
Orlando, FL, 32836

(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:

David R. Edmonds

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.)

David Ryan Edmonds

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)

08 JUN 11
AM 11:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA