

L080000113/98

(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:

W08-52803

A. LUNT

DEC 11 2008

Office Use Only
EXAMINER



100137984581

11/20/08--01029--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 10 PM 3:54

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2008

JANICE FORIERE
P.O. BOX 30247
PALM BEACH GARDENS, FL 33420

SUBJECT: WEDGEWOOD WAY APARTMENTS, LLC
Ref. Number: W08000052803

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for WEDGEWOOD WAY APARTMENTS, and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 008A00058108

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEDGEWOOD WAY APARTMENTS, 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:

JANICE FORIERE

(Name of Person)

(Firm/Company)

P O BOX 30247

(Address)

PALM BEACH GARDENS, FL 33420

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

JANICE FORIERE

(Name of Person)

at (**561**) **502-1761**

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEDGEWOOD WAY APARTMENTS, 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:

4924 WEDGEWOOD WAY
WEST PALM BEACH, FL 33417

Mailing Address:

P O BOX 30247
PALM BEACH GARDENS, FL 33420

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:

AMERICO FORIERE

Name

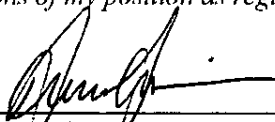
4924 WEDGEWOOD WAY

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

WEST PALM BEACH, FL 33417

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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(CONTINUED)

Page 1 of 2

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

Americo Foriere a/k/a Amerigo Foriere and Janice Foriere
as co-trustees of the Americo Foriere a/k/a Amerigo Foriere
Revocable Trust Under Agreement dated 12/18/2007

P O Box 30247

Palm Beach Gardens, FL 33420

MGRM

Janice Foriere and Americo Foriere a/k/a Amerigo Foriere
as co-trustees of the Janice Foriere Revocable Trust
Under Agreement dated 12/18/2007

P O Box 30247

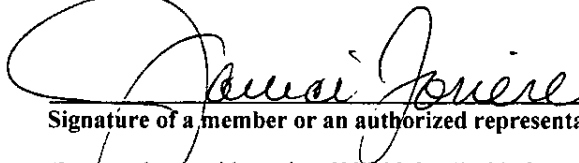
Palm Beach Gardens, FL 33420

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CLERK OF DISTRICT COURT
PALM BEACH, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 2, 2009. (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.)

Janice Foriere

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)