

LO9000103501

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000228374 3)))



H090002283743ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GARTNER BROCK & SIMON
Account Number : 119990000204
Phone : (904) 399-0870
Fax Number : (904) 399-1113

L. SELLERS

OCT 27 2009

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

148 INLET DRIVE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

09 OCT 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

09 OCT 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

(((H09000228374 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: 148 INLET DRIVE, 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:

BERT C. SIMON

Name of Person

GARTNER, BROCK & SIMON

Firm/Company

1660 PRUDENTIAL DRIVE, STE 203

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

bcsimon@gbslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bert C. Simon

Name of Person

at (**904**) **399-0870**

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

(((H09000228374 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 26 AM 8:49

FILED

(((H09000228374 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

148 INLET DRIVE, 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:**1208 Aquila Loop
Celebration, FL 347471208 Aquila Loop
Celebration, FL 34747**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:

BERT C. SIMON

Name

1660 PRUDENTIAL DRIVE, STE 203Florida street address (P.O. Box NOT acceptable)Jacksonville, FL 32207 FL

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)

(((H09000228374

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 OCT 26 AM 8:49

FILED

Page 1 of 2

(((H0900028374 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

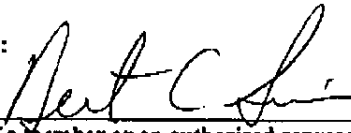
"MGRM" = Managing Member

Name and Address:MGRRichard Roberts1208 Aquila LoopCelebration, FL 34747

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 26, 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.)

BERT C. SIMON

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)

Page 2 of 2

(((H09000228374 3)))

FILED
09 OCT 26 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA