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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10 JAN 29 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert C. Nettleton

Attorney at Law

(863) 422-6484

Fax (863) 421-9618

30 North Sixth Street

Post Office Box 277

Haines City, Florida 33845-0277

January 25, 2010

Department of State

State of Florida

P. O. Box 6327

Tallahassee, Florida 32314

Re: Henderson L.G.I., LLC

Dear Sir:

Enclosed, please find the following instruments in the above regard. Original and two copies of Articles of Incorporation.

Also enclosed is my check in the amount of \$160.00 representing the following:

Filing Fee

Certified Copy & Certificate of Status &

Resident Agent Certificate

TOTAL: \$ 160.00

Please return the certified copy of Articles to this office.

Very truly yours,



Robert C. Nettleton

RCN/jn

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENDERSON L.G.I., LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Nettleton

Name of Person

Attorney At Law

Firm/company

P.O. Box 277

Address

Haines City, Florida 33845

City/State and Zip Code

rnettleton@msn.com

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

For further information concerning this matter, please call:

Robert C. Nettleton

Name of Person

At (863)

422-6484

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)

 x \$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, Florida 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

HENDERSON L.G.I., 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:

1098 Interlochen Boulevard
Winter Haven, Florida 33884

Mailing Address:

1098 Interlochen Boulevard
Winter Haven, Florida 33884

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate as individual or another business entity with an active Florida registration.)

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

ELEANOR R. HENDERSON

Name

1098 Interlochen Boulevard

Florida Street Address (P.O. Box **NOT** acceptable)

Winter Haven, Florida 33884

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. If further agree to comply with provisions of all statutes relating to the property 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.

Eleanor R. Henderson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

HENDERSON L.G.I., LLC

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

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

Title:

Name and Address:

“MGR: = Manager

“MGMR” = Managing Member

MGMR

Eleanor R. Henderson

1098 Interlochen Boulevard

Winter Haven, Florida 33884

(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:

Eleanor R. Henderson

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.)

ELEANOR R. HENDERSON

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)

FILED
10 JAN 29 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA