

L10000087787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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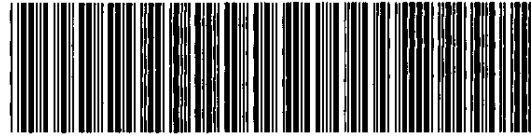
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200184047622

Effective Date

08/16/10

200184047622
08/19/10--01033--022 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 19 PM 2:56

T. HAMPTON
AUG 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FERRY VALLEY CENTER Limited Liability CO
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:

LAYNE SMITH

Name of Person

L SMITH CO

Firm/Company

5808 ROUND HILL RD

Address

LOUISVILLE, KY 40222

City/State and Zip Code

LEY5808@AOL.COM

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

For further information concerning this matter, please call:

L SMITH

Name of Person

at (502) 291-5033

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

Effective Date

08/16/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FERN Valley Center Limited Liability Co.

(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:

1348 EMERALD DUNES DR
SUN CITY CTR, FL
33573

Mailing Address:

5808 ROUND HILL RD
LOUISVILLE KY
40222

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:

G LAYNE SMITH

Name

1348 EMERALD DUNES DR

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

SUN CITY CTR FL 33573

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.

G Layne Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

LAYNE SMITH

1348 EMERALD DUNES DR
SUN CITY FL 33573

MGR

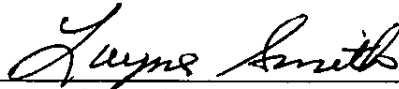
LEYDA SMITH

5808 ROUND HILL RD
LOUISVILLE, KY. 40222

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 16, 2010. (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.)

LAYNE SMITH

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)