

L10000117773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

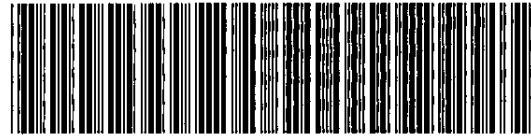
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV 10 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
NOV 12 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Widows Sons of Florida Masonic Riders Association, 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:

McKinley Mayes

Name of Person

Punta Gorda Lodge

Firm/Company

25349 Airport Rd

Address

Punta Gorda, Florida 33950

City/State and Zip Code

Bedpark198@aol.com

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

For further information concerning this matter, please call:

Joseph F. Stella

Name of Person

at (**941**) **474-3419**

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:

Widows Sons of Florida Masonic Riders Association, 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:

Punta Gorda Lodge
25349 Airport Rd
Punta Gorda, FI 33950

Punta Gorda Lodge
25349 Airport Rd
Punta Gorda, FI 33950

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:

Joseph F. Stella
Name

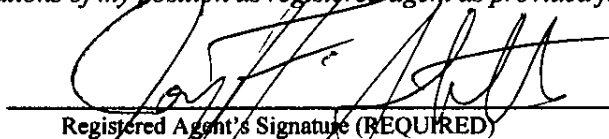
25349 Airport Rd
Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda FL 33950
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Joseph F. Stella
6247 Lomax St
Englewood, Fl 34224

MGRM

Patrick Glover
189 Norfolk Ave
Port Charlotte, Fl 33952

MGRM

McKinley Mayes
25332 Vantage Ln
Punta Gorda, Fl 33983

MGRM

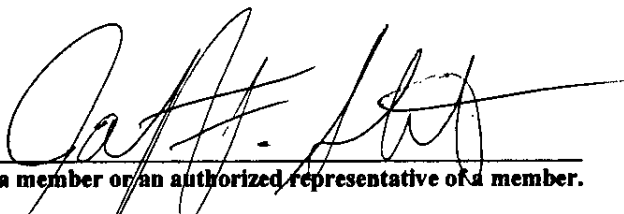
Henry Hansen
18368 Driggers Ave
Port Charlotte, Fl 33948

(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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joseph F. Stella

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)