

L10000125829

(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:

Office Use Only



700188238187

12/07/10--01005--023 **130.00

FILED
2010 DEC -7 AM 10:27
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 8 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boland Martin, 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:

Mitchell J. Martin
Name of Person

Boland Martin, LLC
Firm/Company

8909 Province St.
Address

Sarasota, FL 34240
City/State and Zip Code

maud214@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitch Martin at (941) 379-2910
Name of Person 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:

Boland Martin, 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:

8909 Province St.
Sarasota, FL 34240

Mailing Address:

← Same 8909 Province St.
Sarasota, FL 34240

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:

Mitchell J. Martin

Name

8909 Province St.

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

Sarasota, FL 34240

City, State, and Zip

FILED
2010 DEC -7 AM 10:27
TALLAHASSEE, FLORIDA

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.

Mitchell J. Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

FILED
2010 DEC -7 AM 10:27

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CLERK OF COURT, FLORIDA

MGRM

Stephen Boland.
7321 Oak Run Lane
Sarasota, FL 34243

MGRM

Mitch Martin
8909 Province St.
Sarasota, FL 34240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2011 (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.)

Stephen Boland

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)**