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SECRETARY OF STATE

MAR = 1 2018 T. HAMPTON

# **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: PARTIES BY RONNIE O OF DAVIE LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fce(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RONNIE OLLER		
Name of Person		
PARTIES BY RONNIE O OF DAVIE LLC		
Firm/Company		
6540 MELALEUCA RD		
Address		
FT LAUDERDALE, FL 33330		
City/State and Zip Code PARTIESBYRONNIEO@EARTHLINK.NET		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RONNIE OLLER at ( 954 ) 434-2230		
Name of Person Area Gode & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		

# Effective Date 2/27/12

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# PARTIES BY RONNIE O OF DAVIE 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:
6540 MELALEUCA RD	6540 MELALEUCA RD
FT LAUDERDALE, FL 33330	FT LAUDERDALE, FL 33330

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:

RONNIE OLLER		
Nam	e	
6540 MELALEU	CA RD	
Florida street address (P.O. Box NOT acceptable)		
FT LAUDERDALE	FL 33330	
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)

Page 1 of 2

DIVISION OF COLUMN 10:50

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er  RONNIE OLLER 6540 MELALEUCA, RD FT LAUDERDALE, FL 33330
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other to (If an effective date is listed, the date to or 90 days after the date of filing.)	than the date of filing: 2/27/12. (OPTIONAL) must be specific and cannot be more than five business days prior

**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.)

#### **RONNIE OLLER**

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)

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