

L12000114788

(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:

A. LUNT

SEP - 7 2012

EXAMINER

Office Use Only



100239141521

09/04/12--01022--022 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 SEP -4 PM 2:21

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 21838 Edgewater 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:

21838 Edgewater LLC Mark or Sharon Strickland  
Name of Person

21838 Edgewater LLC  
Firm/Company  
164 Roselle Court  
Address  
Port Charlotte, FL 33952  
City/State and Zip Code  
sharon@performancebldrs.com  
E-mail address: (to be used for future annual report notification)

2012 SEP 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

Sharon Strickland at 678-776-3668 - cell  
Name of Person Area Code & Daytime Telephone Number  
678-473-0166 - work

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:

21838 Edgewater L.L.C.

(Must end with the word "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
2012 SEP -4 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

164 Roselle Court

**Mailing Address:**

Port Charlotte, FL 33952

**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:

Sharon Strickland

Name

164 Roselle Court

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

Port Charlotte, FL 33952

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.*

Sharon Strickland

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

**Name and Address:**

Sharon Strickland  
164 Roselle Court  
Port Charlotte, FL 33952

Mark Strickland  
164 Roselle Court  
Port Charlotte, FL 33952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9-1-2012 (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:**

Sharon Strickland

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.)

Sharon Strickland

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)

2012 SEP -4 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED