

L13000110275

(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



300250225153

Effective Date 7-29-13

300250225153
08/02/13--01023--012 **160.00

FILED
2013 AUG -2 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERR
EXAMINER
AUG 05 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eden Sirene, L.L.C.

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:

Jennifer Conti

Name of Person

Firm/Company

15706 Fishhawk Falls Dr.

Address

Lithia, FL 33547

City/State and Zip Code

jaybird1043@gmail.com

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

For further information concerning this matter, please call:

Michael L. Severe

Name of Person

at (**813**) **600-3772**

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
EDEN SIRENE, L.L.C.,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name:

The name of the Limited Liability Company is: Eden Sirene, L.L.C.

ARTICLE II

Address:

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

Principal Office Address:

15706 Fishhawk Falls Dr.
Lithia, FL 33547

Mailing Address:

P.O. Box 423
Lithia, FL 33547

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jennifer Conti

15706 Fishhawk Falls Dr.

Lithia, FL 33547

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, Florida Statutes.



Registered Agent's Signature (REQUIRED)

2013 AUG -2 AM 8:50
STATE
SECRETARY
OFFICE

FILED

ARTICLE IV

Manager:

Title

"MGR" = Manager

Name and Address

MGR

Jennifer Conti

15706 Fishhawk Falls Dr.

Lithia, FL 33547

ARTICLE VI

Purpose:

The purpose for which the limited liability company is organized is for all lawful business.

ARTICLE VII

Management:

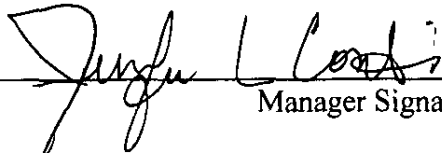
The limited liability company shall be Manager managed.

ARTICLE VIII

Effective Date:

Effective date, if other than the date of filing is: July 29th, 2013

REQUIRED SIGNATURE:



Manager Signature

(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.)

Jennifer Conti

Typed name of signee

2013 AUG -2 AM 8:50
FILED
DEPT. OF STATE
TALLAHASSEE, FL 32399-0000