

L13000 110754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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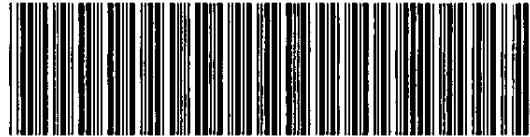
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 5219 SW 67 Street, 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:

William Falik

Name of Person

William Falik, P.A.

Firm/Company

P.O. Box 358816

Address

Gainesville, FL 32635

City/State and Zip Code

Falik@williamfalik.com

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Effective Date

8/1/13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE 1: Name:**

The name of the Limited Liability Company is:

5219 SW 67 STREET, LLC.

**ARTICLE 2: Address:**

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

Principal Office Address:

7924 SW 90<sup>th</sup> Lane

Gainesville, FL 32608

Mailing Address:

7924 SW 90<sup>th</sup> Lane

Gainesville, FL 32608

**ARTICLE 3: Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William Falik, P.A.  
1219 NW 10<sup>th</sup> Avenue  
Gainesville, FL 32601

*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 statute 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 608m, F.S.*



William Falik, Esq., Registered Agent

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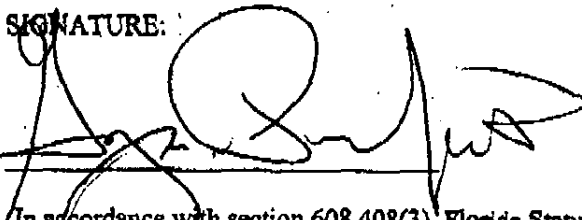
**ARTICLE 4: Manager(s) or Managing Member(s):**

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

Title:	Name and Address:
Managing Member (MGRM)	George Perpich 7924 SW 90 <sup>th</sup> Lane Gainesville, FL 32608

**ARTICLE 5:** Effective date, if other than the date of filing: August 1, 2013.

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 as 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.817.153, F.S.)

GEORGE PERPICH

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