

L17000132539

(Requestor's Name)

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(Address)

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13 SEP 18 AM 10:47
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TALLAHASSEE, FLORIDA

SEP 19 2013
J. Shivers

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Northgate Commercial Center 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:

Walt Eppard

Name of Person

Firm/Company

10807 Riverbank Terrace

Address

Bradenton, FL 34212

City/State and Zip Code

wppard@tampabay-rr.com

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

For further information concerning this matter, please call:

Walt Eppard

Name of Person

at

941 756-2593

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

13 SEP 18 10:47
FILED
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Northgate Commercial Center 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:

10807 Riverbank Ter.
Bradenton, Florida
34212

Mailing Address:

1767 Lakewood Ranch
Bldg, Box 280
Lakewood Ranch, FL 34212

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:

Walt Eppard
Name
10807 Riverbank Ter.
Florida street address (P.O. Box **NOT** acceptable)
Bradenton FL 34212
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.

Walt Eppard
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

Name and Address:

MGR

Walt Eppard
10807 Riverbank Ter.
Bradenton, FL 34212

MGRM

Renee Eppard
10807 Riverbank Ter.
Bradenton, FL 34212

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Walt Eppard
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.)

Walt Eppard
Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)