

L14000036625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

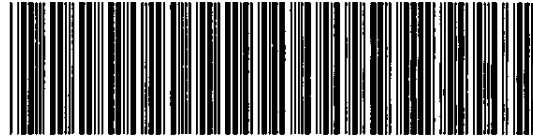
(Business Entity Name)

(Document Number)

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14 MAR -3 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
3/11/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THIRD ROW CENTER SINGERS, 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:

JAMES J. KUNARD
Name of Person

THIRD ROW CENTER SINGERS
Firm/Company

145 HEATHERWOOD DRIVE
Address

ROYAL PALM BEACH, FL 33411
City/State and Zip Code

thirdrowcentersingers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Kunard at (561) 753-2807
Name of Person 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

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THIRD ROW CENTER SINGERS, 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:

145 HEATHERWOOD DRIVE
ROYAL PALM BEACH, FL 33411

145 HEATHERWOOD DRIVE
ROYAL PALM BEACH, FL 33411

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:

JAMES J. KUNARD

Name

145 HEATHERWOOD DRIVE

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

ROYAL PALM BEACH

City

FL 33411

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JAMES J. KUNARD
145 HEAHERWOOD DRIVE
ROYAL PALM BEACH, FL 33411

AMBR

KARENNA A. HOLT
13282 24TH COURT NORTH
LOXAHATCHEE, FL 33470

AMBR

SUSAN M. SMALLING
218 MONTEREY WAY
ROYAL PALM BEACH, FL 33411

AMBR

MICHELLE DESANTI
201 MONTEREY WAY
ROYAL PALM BEACH, FL 33411

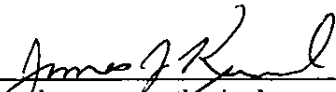
(Use attachment if necessary) *see attached*

ARTICLE V: Effective date, if other than the date of filing: MARCH 1, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JAMES J. KUNARD

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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ARTICLE IV – CONTINUED

The name and address of each person authorized to manage and control the Limited Liability Company

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
AMBR	LISA PONTBRIAND 609 Weldwood Road Jupiter, FL 33458
AMBR	KENNETH KING 2 Meadows Park Lane Boynton Beach, FL 33436
AMBR	ANDREA SCAHILL 201 SW 32 nd Ave. Deerfield Beach, FL 33442
AMBR	RONALD TARR 3315 Lowson Blvd. Delray Beach, FL 33445
AMBR	ERNEST CAMERINO 139 Santa Monica Ave. Royal Palm Beach, FL 33411
AMBR	CARA ABALDO 15551 Cedar Grove Lane Wellington, FL 33414
AMBR	MICHAEL HARABIN 12002 Poincianna Blvd., Unit 102 Royal Palm Beach, FL 33411
AMBR	KORINA MILLER 12002 Poincianna Blvd., Unit 102 Royal Palm Beach, FL 33411

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