

L14000060469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

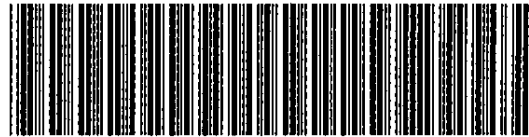
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2014

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WOODWARD, PIRES & LOMBARDO, P.A.

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Board Certified: Real Estate

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MATTHEW P. FLORES

J. TODD MURRELL

April 10, 2014

VIA FEDERAL EXPRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Hermitage Financial, LLC

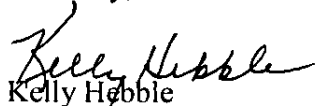
Dear Sir or Madam:

Enclosed herein please find enclosed the following with respect to the captioned entity:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company;
3. Our firm's operating account check #3674 in the amount of \$130.00 as payment in full of the \$125.00 filing fee for the above-referenced Articles of Organization and the \$5.00 fee for the issuance of a certificate of status with respect to Hermitage Financial, LLC.

Please do not hesitate to contact our office if you have any questions with respect to the enclosed. Thank you for your assistance in this matter.

Sincerely,


Kelly Hubble

Paralegal for Eleanor W. Taft, Esq.

REPLY TO:

✉ 3200 TAMiami TRAIL N.
SUITE 200
NAPLES, FL 34103
239-649-6555
239-649-7342 FAX

☐ 606 BALD EAGLE DRIVE
SUITE 500
P.O. BOX ONE
MARCO ISLAND, FL 34146
239-394-5161
239-642-6402 FAX

WWW.WPL-LEGAL.COM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hermitage Financial, 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:

Eleanor W. Taft
Name of Person

Woodward, Pires & Lombardo, P.A.
Firm/Company

3200 Tamiami Trail North, Suite 200
Address

Naples, Florida 34103
City/State and Zip Code

etaft@wpl-legal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor W. Taft at (239) 649-6555
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Hermitage Financial, 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:

123 Napa Ridge Way
Naples, Florida

Mailing Address:

123 Napa Ridge Way
Naples, Florida 34119

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:

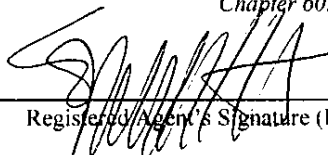
Eleanor W. Taft
Name

3200 Tamiami Trail North, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34103
City Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Thomas B. Hebble

123 Napa Ridge Way

Naples, Florida 34103

(Use attachment if necessary)


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TALLAHASSEE, FLORIDA

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.)

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.)

Kelly M. Hebble

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)