L14000091340

((Req	uestor's Name	;)	<u>.</u>
	(Add	ress)		
	(Add	ress)		<u></u>
	(City	/State/Zip/Pho	ne #)	
PICK-UP	,	☐ WAIT	ı	MAIL
	(Bus	iness Entity Na	ame)	
	(Doc	ument Numbe	r)	
Certified Copies		Certificat	es of S	tatus
Special Instructions	to F	iling Officer:		
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Office Use Only



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06/02/14--01034--020 **125.00

EFFECTIVE DATE O.b-1-14



B. BOSTICK

JUN - 6 2014

EXAMINES

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	CCT: 220 Old Rocky Branch, L.L.C. Name of I	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Judey Striz	Name of Person	····
		Firm/Company	
	3535 Jacque Lee Lane	Address	
	Lakeland. FL 33803	City/State and Zip Code	
stı	8jud@aol.com E-mail address: (to be u	sed for future annual report notification	n)
For fur	ther information concerning this matter, p	lease call:	3388 0 A8° 0 6 -
Judey	Striz at Name of Person	(863) 665-8073 Area Code Daytime Teleph	none Number
Enclose	ed is a check for the following amount:		
☑ \$ 125.0	0 Filing Fee \$\sum \text{\$\sum \\$130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed)	3\$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 Corporation Clifton Building 2661 Executive Center 6	s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

220 Old Rocky Br	anch, L.L.C. (Must end with the words "Lim	ited Liability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Add		val office of the Limited Liability Com	npany is:	
Principal Office Ac	ldress:	Mailing Address:		
3535 Jacque Lee Lakeland, FL 338		3535 Jacque Lee Lane Lakeland, FL 33803		
(The Limited Liabilianother business en	gistered Agent, Registered Offity Company cannot serve as its attity with an active Florida regist lorida street address of the regist Judey Striz	·	gnate an individu	ual or
		ame	ر برای برای برای	S 5
	3535 Jacque Lee Lane Florida street address (P.O.	Box NOT acceptable)	लंद च	
	Lakeland	FL FL 33803	•	<u></u>
the place design capacity. I further	ated in this certificate, I hereby a cagree to comply with the provisi I I am familiar with and accept th	Zip ot service of process for the above state ccept the appointment as registered ag ions of all statutes relating to the prope e obligations of my position as register thapter 605, F.S.	ent and agree to er and complete p	act in this performance

(CONTINUED)
Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Anton Striz
	3535 Jacque Lee Lane
	Lakeland, FL 33803
AMBR	Judey Striz
•	3535 Jacque Lee Lane
	Lakeland, FL 33803
MGR	Anton Striz
	3535 Jacque Lee Lane
	Lakeland, FL 33803
MGR	Judey Striz
	3535 Jacque Lee Lane
	Lakeland, FL 33803
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must of filing.)	e date of filing: <u>June 1, 2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ective date is listed, the date must	e date of filing: <u>June 1, 2014</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 96
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE.	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the ective date is listed, the date must of filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Judey Striz	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Judey Striz \$125.00 Filing Fee for Articles of	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent
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ARTICLE IV-

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