L1400/35739

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE DY 2014



100262642251

07/25/14--01008--024 **130.00



U. BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2014

LINDA WALTERS 14325 DULCIMER CT ORLANDO, FL 32837

SUBJECT: LOGAN PROPERTY, LLC

Ref. Number: W14000045710

We have received your document for LOGAN PROPERTY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00015999

2014 AUG 25 PM 2: 18

LINDA Y. WALTERS

LOGAN WHOLESALE PROPERTIES LLC

14325 DULCIMER COURT

ORLANDO, FLORIDA 32837

DEAR SIRS:

On July 16 or so , I sent in paperwork to establish an LLC in the name of Logan Properties LLC and accompanied my paperwork with a check in the amount of \$130.00 payable to the Florida

Department of State.

I also sent in the paperwork for EIN established in the same name. I was then informed about the weeks later that the name was not good and had to re-establish my LLC with another name.

I have now done so and my ensuing paperwork is enclosed. My check number #381 drawn upon JP MORGAN CHASE BANK was debited from my account on 7/20/2014.

Please apply those dollars to the enclosed paperwork establishing LOGAN WHOLESALE PROPERTIES LLC as a new business entity.

Thanks -- I will establish my new EIN when I receive confirmation that the business name has been

established.

Linda Y Walters --

LOGAN WHOLESALE PROPERTIES LLC

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	LOGAN WHOLESALE PROPERTIES LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	osed Articles of Organization and fee(s) are submitted for filing.		
Please retu	turn all correspondence concerning this matter to the following:		
	Linda Walters		
	Name of Person		
	LOGAN WHOLESALE PROPERTIES L	LC	
	Firm/Company		
	14325 Dulcimer Court	2014	
	Address	E S	10
	Orlando, FL 32837	25 25	0
	City/State and Zip Code	7 3	, . , .
	lyw2001@aol.com	<u> </u>	44
	E-mail address: (to be used for future annual report notification)	司間 一番	
For further	er information concerning this matter, please call:	7.4	٠
Li	inda Walters <u>at</u> 407 <u>436-5439</u>		
, , , , , , , , , , , , , , , , , , , 	Name of Person Area Code Daytime Telephone Number		
Enclosed is	is a check for the following amount:		
\$125.00 Fi	L	Status &	

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

LOGAN WHOLE	ESALE PROPERTIES LLC
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14325 Dulcimer Court	14325 Dulcimer Court
Orlando, FL 32837	Orlando, FL 32837
another business entity with an active Plorid	
The name and the Florida street address of the Corpora	ne registered agent are: ation Service Company
	•
Corpora	ation Service Company
Corpora 1	Name Name
Corpora 1	Name 201 Hays Street ss (P.O. Box NOT acceptable)
Corpora 1 Florida street addres	Name 201 Hays Street ss (P.O. Box NOT acceptable) ssee FL 32301

(CONTINUED)
Page 1 of 2

I AUG 25 PH 2: I

EFFECTIVE DATE 08/20/19

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memb	
"MGR" = Manager	
AMBR	Linda Walters
	14325 Dulcimer Court
	Ortando, FL 32837
AMBR	
And the second s	
AMBR	

(Use attachment if necessary)	
ctive date is listed, the date n f filing.)	an the date of filing: S /
	· · · · · · · · · · · · · · · · · · ·
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with constitutes an affiliam aware that an	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document irmation under the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with constitutes an affiliam aware that an	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true. The false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)
ective date is listed, the date in f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that an	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document irmation under the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
ctive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that an	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.) Linda Walters Typed or printed name of signee
ctive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that an constitutes a third	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.) Linda Walters Typed or printed name of signee Filting Fees:
ctive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affil am aware that an aconstitutes a third.) \$125.00 Filling Fee for Artic.	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document irrnation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.) Linda Walters Typed or printed name of signee Filting Fees: les of Organization and Designation of Registered Agent
ctive date is listed, the date in filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that an constitutes a third	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document irrnation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.) Linda Walters Typed or printed name of signee Filting Fees: les of Organization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that an aconstitutes a third \$125.00 Filing Fee for Artices \$ 30.00 Certified Copy (Op	re of a member or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.) Linda Walters Typed or printed name of signee Filting Fees: les of Organization and Designation of Registered Agent of the property o