

L14000148608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

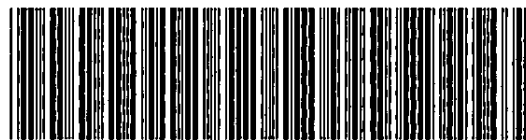
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gainesville Home Suites, 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:

Elizabeth B. Bolton

Name of Person

Gaineville Home Suites, LLC

Firm/Company

PO Box 140817

Address

Gainesville, FL 32614

City/State and Zip Code

postj@bellsouth.net

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

For further information concerning this matter, please call:

Elizabeth B. Bolton at (352) 376 0080
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

PO Box 1408917
Gainesville, FL 32614
September 18, 2014

Teresa Brown, Regulatory Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Letter 814A00019345

Dear Ms. Brown:

Enclosed is the corrected Articles of Organization for Florida Limited Liability Company Gainesville Home Suites, LLC. The date has been corrected. Please apply the funds sent with the earlier request for filing. Please let me know if anything additional is needed.

Sincerely,



Elizabeth B. Bolton
Gainesville Home Suites
(352) 284 3873

Enclosure: Letter and Application



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

ELIZABETH B BOLTON
GAINESVILLE HOME SUITES, LLC
PO BOX 140817
GAINESVILLE, FL 32614

SUBJECT: GAINESVILLE HOME SUITES, LLC
Ref. Number: W14000055304

We have received your document for GAINESVILLE HOME SUITES, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 4, 2014. Please amend your document accordingly.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 814A00019345

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gainesville Home Suites, 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:

7105 SW 107 Avenue
Gainesville, FL 32608

PO Box 140817
Gainesville, FL 32614

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:

Suzanne Bass

Name

721 Old Grove Manor

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

Jacksonville,

City

FL 32207

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.

Suzanne Bass
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/AMBR

Name and Address:

Elizabeth B. Bolton

PO Box 140817

Gainesville, FL 32614

(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.)

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.)

Elizabeth B. Bolton

Typed or printed name of signer

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)