

L14 000 158064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

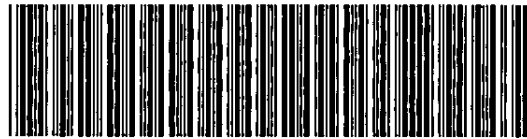
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT - 6 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

**SUBJECT: SOUTHERN EAGLE GROVE CARETAKER, LLC.**

The Enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

NICHOLAS GARCIA  
13255 103<sup>RD</sup> STREET  
FELLSMERE, FLORIDA 32948

For further information concerning this matter, please call:

NICHOLAS GARCIA at 772-473-9398

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    ☐\$160.00 Filing Fee & Certificate of Status  
(Additional copy is enclosed)    Certified Copy    (Additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**Street/Courier Address**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I-Name:

The name of the Limited Liability Company shall be: **SOUTHERN EAGLE GROVE CARETAKER, LLC.**

### ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is: PO BOX 871, FELLSMERE, FLORIDA 32948 and 13255 103<sup>RD</sup> STREET, FELLSMERE, FLORIDA 32948

### ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NICHOLAS GARCIA  
13255 103<sup>RD</sup> STREET  
FELLSMERE, FLORIDA 32948

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..

  
\_\_\_\_\_  
NICHOLAS GARCIA

### ARTICLE IV- Management (Check box if applicable.)

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

**Title:**

"MGR

**Name and Address:**

NICHOLAS GARCIA  
13255 103<sup>RD</sup> STREET  
FELLSMERE, FLORIDA 32948

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

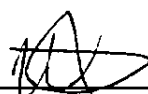
(OPTIONAL)(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI: Other provisions, if any.**

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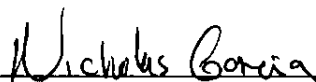
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\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

( 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.)



\_\_\_\_\_  
Typed or printed name of signee

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**  
**\$25.00 Designation of Registered Agent**  
**\$30.00 Certified Copy (Optional)**  
**\$5.00 Certificate of Status (Optional)**

**FILED**  
**14 OCT -6 PM 2:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**