

L14006164914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

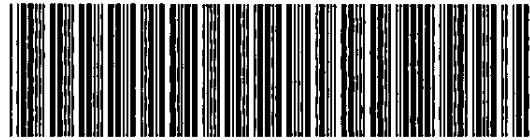
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263476900

09/22/14--01036--011 **130.00

FILED
14 OCT 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 27 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

RAY ARBREE
PO BOX 1769
PALM BAY, FL 33491-6768

SUBJECT: NORTHLAKE PARTNERS 613, LLC
Ref. Number: W14000058298

We have received your document for NORTHLAKE PARTNERS 613, 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):

Please list the complete principal office address.

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: 814A00020409

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTHLAKE PARTNERS 613, 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:

RAY ARBREE

Name of Person

AMERIHOMES CORPORATION

Firm/Company

PO BOX 1768

PALM CITY, FLORIDA, 33491-6768

Address

City/State and Zip Code

rayahc@netzero.net

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

For further information concerning this matter, please call:

RAY ARBREE

at (772)

223 1661

Name of Person

Area Code

Daytime Telephone Number

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
(additional copy is enclosed)

☐ \$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:

NORTHLAKE PARTNERS 613, 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:

50 S.E. KINDRED STREET
SUITE 301
STUART, FL 34994

Mailing Address:

P.O. BOX 1768
PALM CITY, FL 34991-6768

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:

RAY ARBREE

Name

50 SE KINDRED ST., #301

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

STUART

City

FL 34994

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 OCT 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AMERIHOM CORPORATION

50 SE KINDRED ST., 301

STUART, FL 34994

(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.)

RAY ARBREE

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)

14 OCT 21 PM 4:18
DEPARTMENT OF STATE
TREASURY OF FLORIDA