

U5000035054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

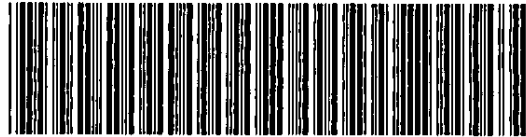
(Business Entity Name)

(Document Number)

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

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15 FEB 16 PM 4:46  
FEB 16 2015  
FEB 16 2015

FEB 25 2015  
S. YOUNG



Mallouk Law Firm, P.A.

February 11, 2015

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

FILED  
FEB 13 PM 4:46  
TALLAHASSEE, FL

Re: Articles of Incorporation

To Whom It May Concern:

Please accept this letter as instruction to file the Articles of Incorporation. Enclosed is a check in the amount of \$130.00 to cover the filing fee and Certificate of Status. Also enclosed is the original application. Send any further paperwork to us in the self-addressed stamped envelope we have included.

Should you have any questions or concerns, do not hesitate to contact me. (913) 601-4832.

Sincerely,

Tricia Koss, Legal Assistant  
[koss@thinkingbeyond.com](mailto:koss@thinkingbeyond.com)

tak  
Encl.

Thinking Beyond...

3400 College Boulevard • Leawood, KS 66211  
913-338-2727 • Fax 913-754-1363  
[www.thinkingbeyond.com](http://www.thinkingbeyond.com)    [legal@thinkingbeyond.com](mailto:legal@thinkingbeyond.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NORWOOD RENTALS, 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:

DONNA GROTENBERG  
Name of Person

CREATIVE PLANNING LEGAL, P.A.  
Firm/Company

3400 COLLEGE BOULEVARD  
Address

LEAWOOD, KS 66211  
City/State and Zip Code

GROTENBERG@CREATIVELEGALPLANNING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA GROTENBERG at ( 832 ) 454-5226  
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

FILED  
FEB 18 11 49 AM  
TALLAHASSEE, FL  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORWOOD RENTALS, 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:

NORWOOD RENTALS, LLC

2205 WEBB AVE.

DUNEDIN, FL 34698

NORWOOD RENTALS, LLC

2205 WEBB AVE.

DUNEDIN, FL 34698

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:

SCOTT H. NORWOOD

Name

2205 WEBB AVE.

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

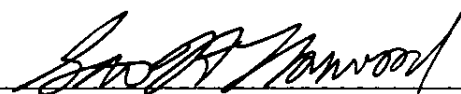
DUNEDIN

City

FL 34698

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)

**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:**

SCOTT H. NORWOOD

2205 WEBB AVE.

DUNEDIN, FL 34698

MGR

MOLLY B. NORWOOD

2205 WEBB AVE.

DUNEDIN, FL 34698

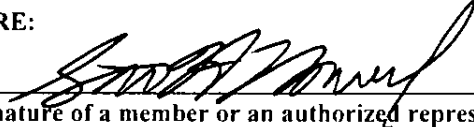
(Use attachment if necessary)

**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.)

SCOTT H. NORWOOD

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)

FILED  
FEB 18 PM 4:45  
TALLAHASSEE  
FLORIDA  
DEPARTMENT OF STATE