

L1500035093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
FEB 18 PM 6:45
FEB 18 2015
FEB 18 2015

EFFECTIVE DATE

3/1

FEB 25 2015

S. YOUNG

02-11-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8934 EILEEN DRIVE 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:

PETRA K. LANIGAN

Name of Person

8934 EILEEN Drive LLC

Firm/Company

4222 Headsail Dr.

Address

NEW PORT RICHEY FL. 34652

City/State and Zip Code

petra@lanigan.ws

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

For further information concerning this matter, please call:

Petra Lanigan

Name of Person

at (

727)

Area Code

848 6556

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 PM 1:15
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8934 EILEEN DRIVE 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:

4222 HEADSAIL DRIVE
NEW PORT RICHEY
FLORIDA 34652

Mailing Address:

same

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:

PETRA K. LANIGAN

Name

4222 HEADSAIL DRIVE

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

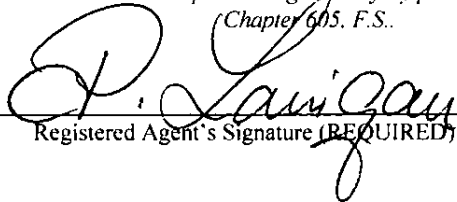
NEW PORT RICHEY FL. 34652

City

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
FEB 18 PM 4:45
2018

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Petra Lanigan
4222 Headsail Drive
NEW PORT RICHEY, FL. 34652

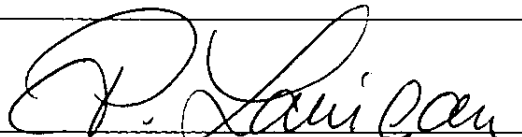
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03.01.15 (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.)

P. LANIGAN

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)

