

L1500 0049242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

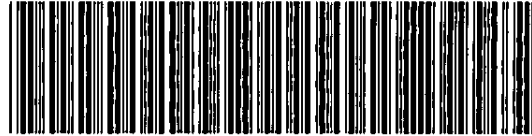
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 19 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2015

Stephen F. Baker

ATTORNEY AT LAW
800 FIRST STREET SOUTH
WINTER HAVEN, FLORIDA 33880-3666
SFB@BAKERESQ.COM

TEL: (863) 299-2118
FAX: (863) 299-9868

OUR FILE NO:

January 27, 2015

REGISTRATION DEPARTMENT
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FLORIDA 32314

Re: 204 PLANTATION COVE, LLC

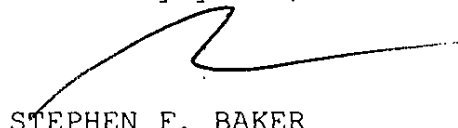
Gentlemen:

Please find enclosed to be filed an original and 1 copy of the Articles of Organization regarding the above-styled Limited Liability Company.

Also enclosed is our check in the amount of \$125.00 for your filing fee.

Thank you for your cooperation and assistance in this matter.

Cordially yours,



STEPHEN F. BAKER

SFB/cmh
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2015

STEPHAN F. BAKER
800 FIRST STREET SOUTH
WINTER HAVEN, FL 33880-3666

4/142

SUBJECT: 204 PLANTAION COVE, LLC
Ref. Number: W15000008931

We have received your document for 204 PLANTAION COVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 215A00002549

RECEIVED
15 MAR 19 AM 10:00
BUREAU OF CORPORATE
REGISTRATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

204 PLANTATION COVE, 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:

2938 Plantation Road
Winter Haven, FL 33884

2938 Plantation Road
Winter Haven, FL 33884

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:

Robert F. Stewart

Name

2938 Plantation Road

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

Winter Haven

City

FL 33884

Zip

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15 MAR 19 PM 4:57
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TALLAHASSEE, FLORIDA
3-17-15

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)

3-17-15

(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

Manager

Name and Address:

Robert F. Stewart

2938 Plantation Road

Winter Haven, FL 33884

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15 MAR 19 PM 1:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

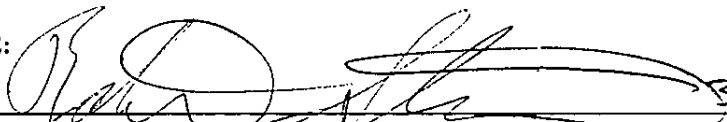
(Use attachment if necessary)

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:

 B-17-15

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.)

Robert F. Stewart

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)