

LLS000065255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

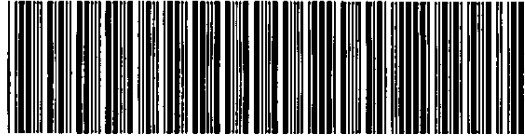
(Business Entity Name)

(Document Number)

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

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APR 15 2015

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

15 MAR 24 PM 12:39

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1524 SW 13th Ct 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:

Michael R Hugins & Kathleen Hugins

Name of Person

1524 SW 13th Ct LLC

Firm/Company

2920 NW 107th Ave

Address

Coral Springs, FL 33065

City/State and Zip Code

mrhugins@bellsouth.net

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

For further information concerning this matter, please call:

Michael R Hugins

Name of Person

at ( 954 )

Area Code

464 3159

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:

1524 SW 13th Ct 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:

2920 NW 107th Ave  
Coral Springs, FL 33065

Mailing Address:

PO BOX 8721  
Coral Springs, FL 33075

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:

Michael R. Hugins

Name

2920 NW 107th Ave

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

Coral Springs

FL 33065

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..*

Michael R. Hugins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAR 24 PM 12:39  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
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

AMBR Pres.

AMBR V-Pres.

**Name and Address:**

Michael R. Hugins

2920 NW 107th Ave

Coral Springs, FL 33065

Kathleen Hugins

2920 NW 107th Ave

Coral Springs, FL 33065

(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:**

Michael R Hugins

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.)

MICHAEL R HUGINS

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  
15 MAR 24 PM 12:39  
CLERK OF THE COURT  
STATE OF FLORIDA  
CORAL SPRINGS