## L15000/6946/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=====,
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TALLANCESSEE TORIDA

Oct. 1,2015

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CHDIE	Ridge Cénter Drive Developme	ent One LLC.	ı
SUBJE	CCT:Name	of Limited Liab	oility Company
The end	closed Articles of Organization and fed	e(s) are submitt	ed for filing.
Please 1	return all correspondence concerning t	his matter to the	e following:
	Andrew Hanzlik		i
		Name	of Person
	Andrew Hanzlik		
		Firm/C	Company
	2215 North Boulevard West		
		Ad	dress
	Davenport, FL 33837		
	hanz9898@gmail.com	City/State	and Zip Code
	E-mail address: (to be	e used for future	e annual report notification)
For furth	er information concerning this matter,	please call:	
	Andrew Hanzlik	407 at (	973-4228
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount	•	
\$125.0	0 Filing Fee \$130.00 Filing Fee Certificate of Stat	us LCert	5.00 Filing Fee & \$160.00 Filing Fee, Grand Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing 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:		Ī	SECRETARY OF STATE TALLAHASSEE, STORIC	
Ridge Center Drive D	evelopment One LLC.	•		15 SEP 30 PM 2: 09	
(Must end w	vith the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC	.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lir	nited Liability Company	is:	
<u>Principa</u>	<u>l Office Address</u> :		<u>Mailing</u>	Address:	
Andrew Hanzlik 2215 North Boulevard West Davenport, FL 33837			Andrew Hanzlik		
			Davenport, FL 33837		
	Andrew Hanzing	Name		<del></del>	
		Name			
	2215 North Boulevan	rd West		_	
	Florida street addres	<b>DT</b> acceptable)			
	Davenport	FL	33837		
	City	State	Zip	<del>_</del>	

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)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Andrew Hanzlik
	2215 North Boulevard West
	Davenport, FL 33837
AMBR	Margaret Hanzlik
	22T5 North Boulevard West
	Davenport, FL 33837
	<u>ज</u>
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	9 5
(Use attachment if necessary)	<b>→</b>
EV: Effective date, if other than the da	ate of filing; 10/1/2015 (OPTIONAL)
Tective date is listed, the date must be sof filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
ment's effective date on the Departmen	

**REOUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)