

L15000178046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

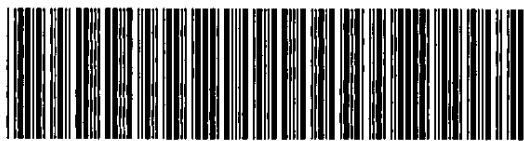
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10/01/15--01016--015 **160.00

15 OCT 15 AM 9:34
CLERK OF COURT
JANICE L. JORDAN

W/15-66318

und 10/21

SUBJECT: 4864VILLA, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

JAMES E WILLIS, ESQ.

Name of Person

WILLIS & DAVIDOW

Firm/Company

851 5TH AVE N. STE. 301

Address

NAPLES FL 34102

City/State and Zip Code

JWILLISATTY@GMAIL.COM

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

For further information concerning this matter, please call:

ALICIA

239

435-0094

at ()

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

**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**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2015

JAMES E. WILLIS, ESQ.
851 5TH AVE N., STE.301
NAPLES, FL 34102

SUBJECT: 4864VILLA, LLC
Ref. Number: W15000066318

We have received your document for 4864VILLA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00021097

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4864VILLA, 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:

PO BOX 413005 475 Wedge Drive
PMB #56 Naples FL 34103
NAPLES FL 34101

Mailing Address:

PO BOX 413005
PMB #56
NAPLES FL 34101

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:

MICHELE RENE DEMISAY

Name

475 WEDGE DRIVE

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

<u>NAPLES</u>	<u>FL</u>	<u>34103</u>
City	State	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:

MICHELE RENE DEMISAY

PO BOX 413005, PMB #56

NAPLES FL 34101

AMBR

MICHELE RENE DEMISAY

PO BOX 413005, PMB #56

NAPLES FL 34101

15 OCT 15 AM 6:34

(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.)

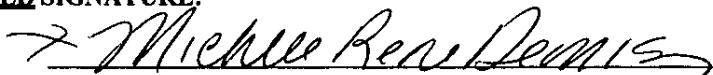
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

PETER DEMISAY AND MICHELE RENE DEMISAY, HUSBAND AND WIFE AS AN ESTATE

BY THE ENTIRETIES, OWN 100% INTEREST IN AND TO THIS LLC.

REQUIRED 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.

Michele Rene Demisay

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)