

LI0000017149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700280867867

01/15/16--01011--008 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 15 AM 10:31

JAN 15 2016
S. PRATHER

Saddle Ridge Partners, LLC

19 Saddle Ridge
Bloomfield, CT 06002
Tel (860) 306 0842
Fax (860) 216 3735

Florida Dep't of State

01/12/2016

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Subject: Filing Articles of Organization and Designation of Registered Agent for Saddle Ridge Partners, LLC

Dear Madame or Sir,

Enclosed please find (2) original signed copies of the Articles of Organization and Designation of Registered Agent for a Florida Limited Liability Company referred to above together with Check No. 3768 in the amount of \$160.00 representing the fees for filing, a Certificate of Status and Certified Copy of the Articles of Organization

Should you have any questions, please contact the undersigned by Tel at (860)306.0842 or by email neal.bouthot@gmail.com.

Respectfully,



Neal A. Bouthot

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SADDLE RIDGE PARTNERS, 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:

NEAL A. BOUTHOT

Name of Person

SADDLE RIDGE PARTNERS, LLC

Firm/Company

19 SADDLE RIDGE

Address

BLOOMFIELD, CT 06002

City/State and Zip Code

neal.bouthot@gmail.com

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

For further information concerning this matter, please call:

NEAL A. BOUTHOT

860

306.0842

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SADDLE RIDGE PARTNERS, 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:

927 FERN STREET

SUITE 1000

ALTAMONTE SPRINGS, FL 32701

Mailing Address:

19 SADDLE RIDGE

BLOOMFIELD, CT 06002

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:

JOHN F. KEARNEY

Name

2391 NE 28 TH STREET

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

LIGHTHOUSE POINT

FL

33064

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)

16 JAN 15 AM 10:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

NEAL A. BOUTHOT

19 SADDLE RIDGE

BLOOMFIELD, CT 06002

(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.

REQUIRED SIGNATURE:



01/12/16

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.

NEAL A. BOUTHOT

Typed or printed name of signer

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 15 AM 10:31