

L16000029867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

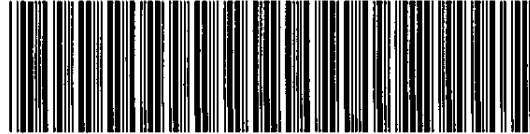
(Document Number)

Certified Copies

Certificates of Status

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16 FEB - 1 PM 2:58
TALLAHASSEE, FLORIDA

FEB 12 2016

S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ryder Cup Golf View, 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:

Lora P Cermola

Name of Person

Ryder Cup Golf View, LLC

Firm/Company

167 Brush Hill Road

Address

Litchfield, CT 06759

City/State and Zip Code

loraparker@yahoo.com

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

For further information concerning this matter, please call:

Lora P Cermola

860

597-9106

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

Ryder Cup Golf View, LLC

**c/o Lora P. Cermola, Member
167 Brush Hill Road
Litchfield, CT 06759**

January 26, 2016

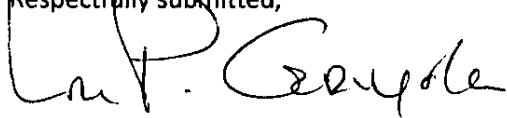
Florida Department of State
Division of Corporations
New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Please find enclosed two (2) copies of the Articles of Organization for Ryder Cup Golf View, LLC along with a check for \$160 payable to Florida Department of State in full payment of Filing Fee, Certificate of Status and Certified Copy.

Please feel free to contact me at (860) 361-9059 if you have any questions or need any further information.

Respectfully submitted,



Lora P. Cermola
Member

Enclosures

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16 FEB -1 PM 2:58
SEMI-STATE
FLORIDA

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

167 Bruch Hill Road
Litchfield, CT 06759

(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:

Name _____

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

33483

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

AMBR

MGR

Name and Address:

Lora P Cermola

167 Brush Hill Road

Litchfield, CT 06759

Timothy M Cermola

167 Brush Hill Road

Litchfield, CT 06759

(Use attachment if necessary)

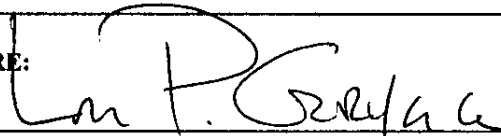
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Lora P Cermola

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)