

L16000039412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

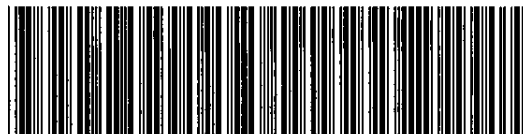
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700282234477

02/18/16--01010--003 **125.00

FILED
SECRETARY OF STATE
CORPORATION
16 FEB 19 PM 3:28

[Signature] 02/26/16

KORSHAK & ASSOCIATES, P.A.
ATTORNEYS AT LAW

STEPHEN D. KORSHAK †
skorshak@korshaklaw.com

LEE KARINA DANI
lkd@korshaklaw.com

BRADFORD PETRINO
bpetrino@korshaklaw.com

† ALSO ADMITTED IN ILLINOIS

February 16, 2016

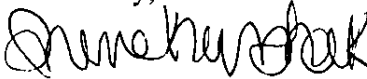
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: *Penrose Development One, LLC*
Document No. TBD
Our file No.: 047-16

Dear Sirs:

Enclosed please an Articles of Organization for the above referenced limited liability company along with a check in the amount of \$125.00 representing the fees associated with the Amendment.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Irene Korshak
Legal Secretary

ENCLOSURE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENROSE DEVELOPMENT ONE, 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:

STEPHEN D. KORSHAK

Name of Person

KORSHAK & ASSOCIATES, P.A.

Firm/Company

950 S. WINTER PARK DRIVE, SUITE 320

Address

CASSELBERRY, FLORIDA 32707

City/State and Zip Code

JCRANDALL@KORSHAKLAW.COM

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

For further information concerning this matter, please call:

Bradford Petrino, Esq. 407 855-3333

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:

PENROSE DEVELOPMENT ONE, 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:

950 S. WINTER PARK DRIVE, STE. 320
CASSELBERRY, FLORIDA 32707

Mailing Address:

950 S. WINTER PARK DRIVE, STE. 320
CASSELBERRY, FLORIDA 32707

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:

KORSHAK & ASSOCIATES, P.A.

Name

950 S. WINTER PARK DRIVE, STE. 320

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

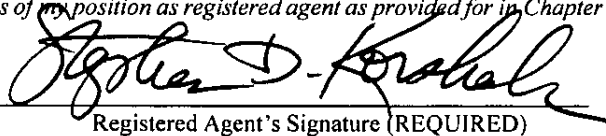
CASSELBERRY FL 32707

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)

Page 1 of 2

FILED
SECRETARY OF STATE
16 FEB 19 PM 3:28

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:

THE PENROSE COMPANY, LLC

950 S. WINTER PARK DRIVE, STE. 320

CASSELBERRY, FLORIDA 32707

(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.

STEPHEN D. KORSHAK

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
SECRETARY OF STATE
16 FEB 19 PM 3:28