L16000054874

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Ci	ty/State/Zip/Phone	; #)
_ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(0-		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800282234468

02/18/16--01010--004 **125.00

03/21/16

W16-014/64



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2016

IRENE KORSHAK 950 S. WINTER PARK DR. STE. 320 CASSELBERY, FL 32707

SUBJECT: THE PENROSE COMPANY, LLC

Ref. Number: W16000014164

We have received your document for THE PENROSE COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000016859.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 216A00003961



STEPHEN D. KORSHAK † skorshak@korshaklaw.com

LEE KARINA DANI lkd@korshaklaw.com

BRADFORD PETRINO bpetrino@korshaklaw.com

† ALSO ADMITTED IN ILLINOIS

March 11, 2016

Division of Corporations P.O. Box 6250 Tallahassee, FL 32314 VIA U.S. MAIL

Our Client:

Re:

The Penrose Group, LLC Articles of Organization

Document No.: L10000016859

To whom it concern:

Enclosed please find a corrected Articles of Organization in regards to the above referenced matter. Please note that the fee of \$125.00 was previously paid and as such, is not enclosed.

Should you have any questions or concerns, please contact our office.

Erin Walker

Legal Secretary

Enclosures

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	THE PENROSE COMPANY, LLC	•			
SUBJEC	Name of Limited	Liability Company			
The enclos	osed Articles of Organization and fee(s) are sub	omitted for filing.			
Please retu	turn all correspondence concerning this matter	to the following:			
	STEPHEN D. KORSHAK				
	N	ame of Person			
	KORSHAK & ASSOCIATES, P.A.				
	F	irm/Company			
	950 S. WINTER PARK DRIVE, SUITE 320				
		Address			
	CASSELBERRY, FLORIDA 32707				
	City/S JCRANDALL@KORSHAKLAW.COM	tate and Zip Code			
•	E-mail address: (to be used for f	uture annual report notification)			
For further i	information concerning this matter, please call	:			
	Bradford Petrino, Esq. 407	855-3333			
	Name of Person Area C	Code Daytime Telephone Number			
Enclosed is	is a check for the following amount:				
\$125.00 F	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Liab	ility Company is:				
		(-110-	Penrose Group, L	<i>(</i> ر)	
(Must en	nd with the words "Limited l				
ARTICLE II - Address:	t addungs of the unimainal of	fina aftha l io	uitad Liakilitu Company is		
The mailing address and street	address of the principal of	nce of the Lif	inted Liability Company is.		
Princ	ipal Office Address:		Mailing Address:		
950 S. WINTER PARK DRIVE, STE. 320 CASSELBERRY, FLORIDA 32707			950 S. WINTER PARK DRIVE, STE. 320 CASSELBERRY, FLORIDA 32707		
					
another business entity with a The name and the Florida stree	et address of the registered a	agent are:			
	950 S. WINTER PAR	K DRIVE, S	ГЕ. 320		
	Florida street address (P.O. Box NOT acceptable)				
	CASSELBERRY	FL	32707		
	City	State	Zip		
place designated in this certifica Further agree to comply with the	te, I hereby accept the appo provisions of all statutes rel obligations of my position a	intment as reg lating to the p s registered a	or the above stated limited liability company at gistered agent and agree to act in this capacity. roper and complete performance of my duties, agent as provided for in Chapter 605, F.S	1	

(CONTINUED)

Page 1 of 2

18 PM 17 PM 9:35

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	STEPHEN D. KORSHAK
	950 S. WINTER PARK DRIVE, STE. 320
	CASSELBERRY, FLORIDA 32707
MGR	STEVE FOSTER
	P.O. BOX 10461
	BRADENTON, FLORIDA 34282
(Use attachment if necessary)	
LEV: Effective date, if other than the dat	e of filing: (OPTIONAL)
fective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days after
of filing.)	position and commot be more than 1100 business days prior to 01 70 days after
f the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
iment's effective date on the Departmen	t of State's records.
LE VI: Other provisions, if any.	

Signature of 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)

REQUIRED SIGNATURE:

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)