

L16000071287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

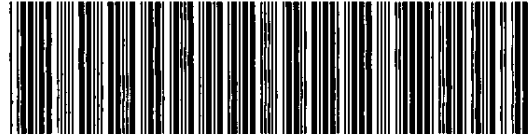
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/21/16--01020--014 **160.00

FILED
16 APR 11 PM 12:41
TALLAHASSEE, FLORIDA

W16-22663

MD 4/13

LAW OFFICES
JAMES A. CIOFFI P.A.
TEQUESTA CORPORATE CENTER
250 TEQUESTA DRIVE
SUITE 200
POST OFFICE BOX 3010
TEQUESTA, FLORIDA 33469
TELEPHONE: (561) 747-6000
FACSIMILE: (561) 575-9167

JAMES A. CIOFFI
DOLORES K. WHEELER
E-mail: dkwlaw@att.net

ATTORNEY-AT-LAW
Legal Administrative Assistant
Telephone: (561) 691-4115
Facsimile: (561) 691-4121

March 15, 2016

Florida Secretary of State
New Filings Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Garden Treehouse, LLC

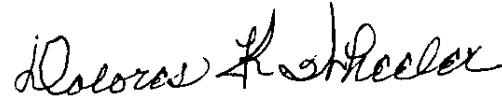
To Whom It May Concern:

Enclosed please find "Articles of Organization for Florida Limited Liability Company", \$160.00 filing fee, for Certificate of Status and Certified Copy. (additional copy is enclosed).

For your convenience in responding, we have enclosed a self-addressed stamped envelope.

Thank you for your usual fine assistance and cooperation.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Dolores K. Wheeler".

Dolores K. Wheeler
Legal Administrative Assistant

s/encls:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARDEN TREEHOUSE, 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:

ATTENTION: Dolores K. Wheeler, Legal Administrative Assistant

Name of Person

James A. Cioffi, P.A.

Firm/Company

250 Tequesta Drive, Suite 200

Address

Tequesta, Florida 33469

City/State and Zip Code

linda@islandwatergroup.com

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

For further information concerning this matter, please call:

Linda Johnson-Brett

561

401-2920

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

March 28, 2016

JAMES A. CIOFFI, P.A.
250 TEQUESTA DRIVE, SUITE 200
TEQUESTA, FL 33469

SUBJECT: GARDEN TREEHOUSE, LLC
Ref. Number: W16000022663

We have received your document for GARDEN TREEHOUSE, 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 "Signature" does not match the typed name on page #2.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 316A00006248

James A. Cioffi, PA
250 Tequesta Drive
Suite 200
Tequesta, Florida 33469
(561) 747-6000

Dolores K. Wheeler
(561) 691-4115 (Home Office)
E-mail:

Legal Administrative Assistant
(561) 691-4121 (Home Fax)
dkwlaw@att.net

April 5, 2016

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Garden Treehouse, LLC

To Whom It May Concern:

Enclosed please find:

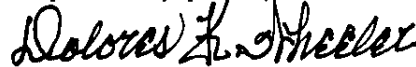
- 1.) Copy of your communication**
- 2.) Resigned Articles of Organization for Florida Limited Liability Company**
- 3.) Copy**
- 4.) Self-addressed envelope**

Please provide certified copy.

Should there be thoughts, questions or comments, please direct them to the undersigned.

Thank you for your usual fine assistance and cooperation.

Respectfully yours,



Dolores K. Wheeler
Legal Administrative Assistant

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARDEN TREEHOUSE, 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:

1515 Venus Avenue
Jupiter, Florida 33469

Mailing Address:

1515 Venus Avenue
Jupiter, Florida 33469

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:

Linda Johnson-Britt

Name

1515 Venus Avenue

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

<u>Jupiter,</u>	<u>Florida</u>	<u>33469</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..

LJB Linda L Johnson Britt
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 APR 11 PM 12:41
CLERK OF STATE
TALLAHASSEE FLORIDA

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16 APR 11 PM 12:41

DEPARTMENT OF STATE
AND
TREASURY
FLORIDA

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

Name and Address:

Linda Johnson-Britt
1515 Venue Avenue
Jupiter, Florida 33469

MGR

Bradford D. Brett
10 Garden Street 2085
Tequesta, Florida 33469

(Use attachment if necessary)

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

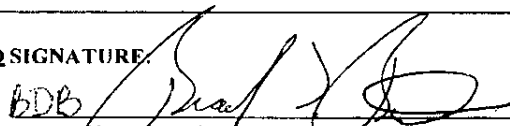
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

None

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.

Bradford D. Brett

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)