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TALLAHASSEE, FLORIDA

JUL 17 2017
S. GILBERT

FRASCO CAPONIGRO
WINEMAN & SCHEIBLE, PLLC
ATTORNEYS AND COUNSELLORS

ROY A. LUTTMANN

June 28, 2016

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Cullman Family LLC ("LLC")

Dear Sir/Madam,

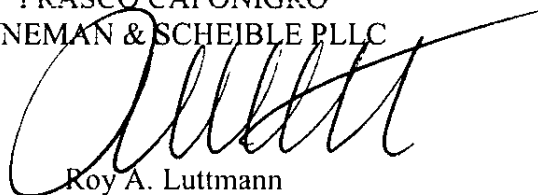
In connection with the above-referenced matter, enclosed please find the following documents for your processing:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check in the amount of \$125.00.

Please process the enclosed in your usual manner and provide confirmation that the LLC has been registered. If you have any questions, please contact the undersigned.

Sincerely,

FRASCO CAPONIGRO
WINEMAN & SCHEIBLE PLLC



Roy A. Luttmann

RAL/srm
Enclosure(s)
cc: Mr. Jeffery A. Cullman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CULLMAN FAMILY 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:

ROY A. LUTTMANN, ESQ.

Name of Person

FRASCO CAPONIGRO WINEMAN & SCHEIBLE PLLC

Firm/Company

1301 WEST LONG LAKE ROAD, SUITE 250

Address

TROY, MICHIGAN 48098

City/State and Zip Code

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

For further information concerning this matter, please call:

ROY A. LUTTMANN

248

334-6767

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:

CULLMAN FAMILY LLC

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

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CLERK OF THE COURT
NAPLES, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

5949 CHANTECLAIR DRIVE
NAPLES, FLORIDA 34108

Mailing Address:

5949 CHANTECLAIR DRIVE
NAPLES, FLORIDA 34108

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:

JEFFERY A. CULLMAN

Name

5949 CHANTECLAIR DRIVE

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

NAPLES

FL

34108

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)

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:

JEFFERY A. CULLMAN

5949 CHANTECLAIR DRIVE

NAPLES, FLORIDA 34108

(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.

JEFFERY A. CULLMAN

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)