

# L16000158200

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

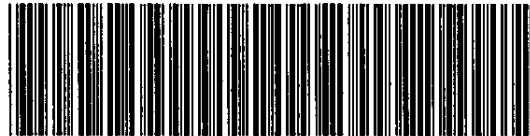
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/12/16--01018--015 \*\*125.00

FILED  
16 AUG 12 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
7/4  
8/25/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** White Birch Lake, 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:

Eva-Maria Heurich

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

109 Lake Brantley Terrace

\_\_\_\_\_  
Address

Longwood, FL 32779

\_\_\_\_\_  
City/State and Zip Code

cheurich@earthlink.net

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

For further information concerning this matter, please call:

Legally Mine

800

375-2453

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

White Birch Lake, 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:**

109 Lake Brantley Terrace  
Longwood, FL 32779

**Mailing Address:**

109 Lake Brantley Terrace  
Longwood, FL 32779

**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:

Eva-Maria Heurich

Name

109 Lake Brantley Terrace

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

Longwood

FL


32779

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

16 AUG 12 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Longwood, FL 32779**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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Eva-Maria Heurich

Name


109 Lake Brantley TerraceFlorida street address (P.O. Box **NOT** acceptable)LongwoodFL32779

City

State

Zip

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Registered Agent's Signature (Required)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, 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:**

JJ Asset Management, LLC

1231 W. Northern Lights Blvd #911

Anchorage, AK 99503

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

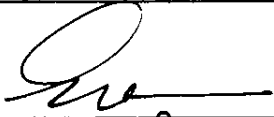
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Distribution Authority-The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken in-  
to account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year.

**REQUIRED SIGNATURE:**

  
Signature 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.

Eva-Maria Heurich

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)

16 AUG 12 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA