L16000164343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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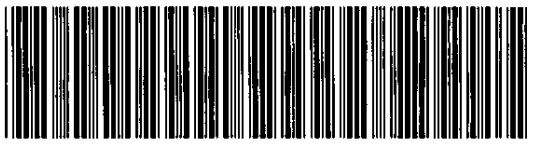

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2016 AUG 29 AM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 475 Tallwood Street #305, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche
Name of Person

Law Office of Christopher A. Roche
Firm/Company

229 N. Collier Boulevard
Address

Marco Island, FL 34145
City/State and Zip Code

croche@marcolawoffice.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

[X] $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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address:
Re gistration Section
Division fo Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

475 Tallwood Street #305, 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:	**Mailing Address:**
229 N. Collier Boulevard Marco Island, FL 34145	229 N. Collier Boulevard Marco Island, FL 34145

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:

Christopher A. Roche
Name

229 N. Collier Boulevard
Florida Street Address (P.O. Box **NOT** accepted)

Marco Island FL 34145
City Zip

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TALLAHASSEE FLORIDA

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.

C. Roche
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:	**Name and Address**
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Christopher A. Roche 229 N. Collier Boulevard Marco Island, FL 34145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing August 26, 2016 (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.)

ARTICLE VI: Other provisions, if any.

Additionally, any one manager shall have the legal authority to execute any and all legal documents whatsoever on behalf of the company. No company resolution or examination of the Operating Agreement shall be necessary to confirm the authority of any one manager's legal authority to execute legal documents in any particular instance or transaction. Removal of any manager shall be signed by the removed manager and filed as an Amendment of the Articles of Organization with the Florida Department of State, Division of Corporations.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Christopher A. Roche
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)

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