

L16000174108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

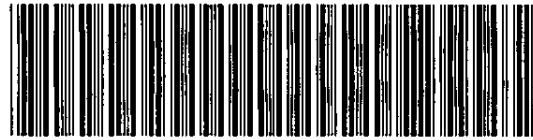
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600289962906

09/12/16--01036--025 **130.00

RECEIVED
SEP 12 2016
FILING OFFICE - FLORIDA

TH
9/19/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHT 544 LEGUME 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:

DANIEL SUMMERS
Name of Person

IHT REALTY GROUP LLC
Firm/Company

8130 BAYMEADOWS WAY WEST #306
Address

JACKSONVILLE, FLORIDA 32256
City/State and Zip Code

JSUMMERS@IHTREALTY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANNETTE SUMMERS (904) 802-5384
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:

IHT 544 LEGUME 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:

#306

8130 BAYMEADOWS WAY WEST
JACKSONVILLE
FLORIDA 32256

Mailing Address:

8130 BAYMEADOWS WAY WEST #306
JACKSONVILLE
FLORIDA 32256

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:

DANIEL SUMMERS
Name

8130 BAYMEADOWS WAY WEST #306
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE, FLORIDA 32256
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.

DQS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 SEP 12 AM 8:39
RECEIVED
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

Name and Address:

MGR

MGR

DANIEL SUMMERS
8130 DAY MEADOWS WAY, WEST #306
JACKSONVILLE, FLORIDA 32256

JEANNETTE SUMMERS
8130 DAY MEADOWS WAY WEST #306
JACKSONVILLE, FLORIDA 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 12, 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.)

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:

DANIEL SUMMERS

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.

DANIEL SUMMERS

Typed or printed name of signer

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 SEP 12 AM 8:39
DEPT OF STATE
TALLAHASSEE, FLORIDA