

L16000229383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

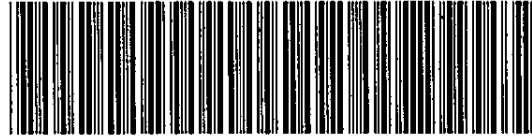
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECTION 605 / CE STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

DEC 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oak Canopy Property Management, 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:

Ric Lopez

Name of Person

Firm/Company

P.O. Box 50533

Address

Sarasota, FL. 34232

City/State and Zip Code

ricslanding@gmail.com

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

For further information concerning this matter, please call:

Ric Lopez 941 920-3030
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)

See Attached Letter

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

2016 DEC -8 PM 12:48
TALLAHASSEE
FILING SECTION

FILED

**Oak Canopy Property Management
P.O. Box 50533
Sarasota, FL. 34232**

December 1, 2016

New Filing Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

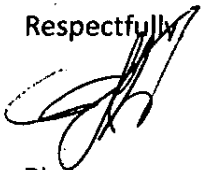
Re: W000019805
Nokomis Property Management, LLC

Dear Corporate Agent

Per instructions from Thomas I am submitting the paperwork to establish Oak Canopy Property Management, LLC. Please use the monies previously paid on the above noted account to pay for the fees of this new account. When setting up this company please use an Effective Date of 1-1-2017. Feel free to call me with any questions at 941-920-3030.

Happy Holidays and best wishes!

Respectfully



Ric Lopez
Oak Canopy Property Management, LLC

RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FL
DEC 1 2016

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SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2016

RIC LOPEZ
POST OFFICE BOX 50533
SARASOTA, FL 34232

SUBJECT: NOKOMIS PROPERTY MANAGEMENT, LLC
Ref. Number: W16000019805

We have received your document for NOKOMIS PROPERTY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 916A00006920

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2016

RIC LOPEZ
POST OFFICE BOX 50533
SARASOTA, FL 34232

SUBJECT: SUNCOAST PROPERTY MANAGEMENT, LLC
Ref. Number: W16000019805

We have received your document for SUNCOAST PROPERTY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 516A00005464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE 01/01/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 DEC -8 PM 12:48

Oak Canopy Property Management, LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1976 Bel Air Star Parkway

Sarasota, FL 34240

P.O. Box 50533

Sarasota, FL. 34232

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:

Ric Lopez

Name

1976 Bel Air Star Pwy.

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

Sarasota

Florida

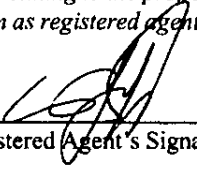
34240

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:

Ric Lopez

P.O. Box 50533

Sarasota, FL. 34232

(Use attachment if necessary)

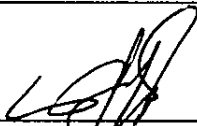
ARTICLE V: Effective date, if other than the date of filing: 1-1-2017. (OPTIONAL)

(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.

Ric Lopez

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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TALLAHASSEE, FLORIDA