

L17000060737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

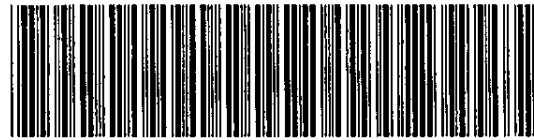
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/17--01020--004 **160.00

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17 MAR 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-018863

03/20/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2017

CAROL DAKIN
1555 N.E. *Ocean* BLVD., APT. 408N
STUART, FL 34996

SUBJECT: OAK POINT L.L.C. →
Ref. Number: W17000018863

Oak Point SLR LLC

We have received your document for OAK POINT L.L.C. and your check(s) totaling \$160.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M14000002403.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 317A00004242

2017 MAR 16 AM 11:45

TALLAHASSEE, FLORIDA

REVISED APPLICATION

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Oak Point SLR 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:

CAROL F. DAKIN

Name of Person

Firm/Company

1555 N.E. Ocean Blvd, Apt. 408 N

Address

STUART, FL 34996

City/State and Zip Code

Carol.dakin@squirepb.com

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

For further information concerning this matter, please call:

CAROL F. DAKIN

Name of Person

at (772)

Area Code

325-4387

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)

*already sent and
Cashed*

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:

Oak Point SLR LLC

(Must contain 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:

1555 N.E. Ocean Blvd
Apt 408 N
Stuart, FL 34996

Mailing Address:

1555 N.E. Ocean Blvd
Apt 408 N
Stuart, FL 34996

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:

CAROL F. DAKIN

Name

1555 N.E. Ocean Blvd, Apt 408 N

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

STUART FL 34996

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.

Carol F. Dakin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 MAR 16 AM 10:34
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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

AMBR

Name and Address:

CAROL F. DAKIN
1555 N.E. OCEAN BLVD, APT 408N
STUART, FL 34996

ROBERT F. DAKIN
1555 N.E. OCEAN BLVD, APT 408N
STUART, FL 34996

(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. N/A

REQUIRED SIGNATURE:

Carol F. Dakin

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.

CAROL F. DAKIN

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA