117800060791

-		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300296251233

ნა/10/16-01013-030 *₩\$10.00

THAR IT MILLS IN

NAR 20 2017 T SCHROEDER

COVER LETTER

TO:	New Filing Section Division of Corporations
CUDUE	Florida F.L.H., LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Matthew B. Roepstorff, Esq.
	Name of Person
	Pavese Law Firm
	Firm/Company
	P.O. Drawer 1507
	Address
	Fort Myers, FL 33902-1507
	City/State and Zip Code matthewroepstorff@paveselaw.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Matthew B. Roepstorff 239 334-2195
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$Certified Copy (additional copy is enclosed)}\$\int \text{\$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

Flori	da F.L.H., LLC					
<u>- 1011</u>		n the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II • .	Address:					
		dress of the principal o	ffice of the Limited I	iability Company i.	s:	
	Principa	Office Address:		Mailing /	Address:	
1549	2 Fiddlesticks Bo	ulevard	15492	Fiddlesticks Bould	evard	
	Mvers, FL 33912			Avers, FL 33912		_
				·		
another busines	s entity with an ac	cannot serve as its own tive Florida registration ddress of the registered	on.)	ou must d e signate s	nn individual or	
		Matthew B. Roepston	rff, Esq Pavese Lav	v Firm	_	
			Name			
		1833 Hendry Street				
		Florida street addres	s (P.O. Box NOT acc	ceptable)	•	
		Fort Myers	FL	33901		
		City	State	Zip		
lace designated i urther agree to c	in this certificate, l comply with the pro	gent and to accept serve hereby accept the approvisions of all statutes re igations of my position Regist	cointment as registered elating to the proper of as registered agent as lered Agent's Signatu	l agent and agree to und complete perfor s provided for in Ch	o act in this capa mance of my dut	city. I
			(CONTINUED)		SEURE IARY OF STATE ALL AHASSEE FLORIDA	17 H.

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR/MGR	Florida Empire Holdings, Inc.
	15492 Fiddlesticks Boulevard
	Fort Myers, FL 33912
•	
EV: Effective date, if other than the date extive date is listed, the date must be sof filing.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be to of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be to of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a new control of the control of	meet the applicable statutory filing requirements, this date will not be to of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any. REOURED SIGNATURE: Signature of an This document is exect am aware that any fall.	meet the applicable statutory filing requirements, this date will not be to of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any. REOURED SIGNATURE: Signature of an This document is exect am aware that any fall.	meet the applicable statutory filing requirements, this date will not be to of State's records. Accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an This document is exect am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any. REOURED SIGNATURE: Signature of an This document is exect am aware that any fall.	meet the applicable statutory filing requirements, this date will not be to of State's records. The state of a number of a number of a number of state o
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an This document is exect am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. The state of a number of a number of a number of state o
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of an This document is exect am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records. The document of State and the statutory filing requirements, this date will not be to of State's records. The document of State and the statutes of a member of State and the statutes of th
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of and This document is exect 1 am aware that any fall constitutes a third degree Sara Stensrud	meet the applicable statutory filing requirements, this date will not be to of State's records. Typed or printed name of signee