

217000068039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

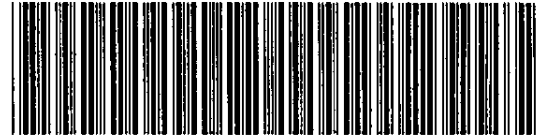
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/06/17--01040--001 **125.00

17 MAR 24 PM 3:23

RECEIVED
MAR 24 2017

W17-19443

M. MOON
MAR 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

DONNA J. PETRESS-MILLER
10504 SEVILLA DRIVE #102
FORT MYERS, FL 33913

SUBJECT: FAMILY RED RC, LLC
Ref. Number: W17000019443

We have received your document for FAMILY RED RC, 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 articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 417A00004476

850-245-6052

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FAMILY RED RV, 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:

DONNA J. PETRESS-MILLER

Name of Person

Firm/Company

10504 SEVILLA DRIVE, #102

Address

FORT MYERS, FL 33913

City/State and Zip Code

SUPRASKIER1@YAHOO.COM

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

For further information concerning this matter, please call:

DONNA J. PETRESS-MILLER 954 464-1040
at ()
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

17 MAY 24 10 08 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY RED RV, 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:

7489 SUGARBUSH DRIVE
SPRING HILL, FL 34606

Mailing Address:

10504 SEVILLA DRIVE, #102
FORT MYERS, FL 33913

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:

DONNA J. PETRESS-MILLER

Name

10504 SEVILLA DRIVE, #102

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

FORT MYERS

FL

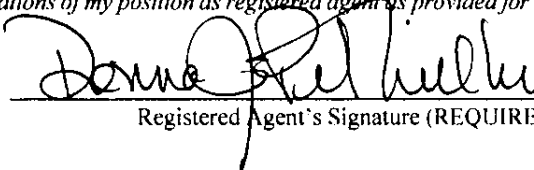
33913

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)

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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:

RICHARD A. GADDIS

7489 SUGARBUSH DRIVE

SPRING HILL, FL 34606

MGR

CAROL A. GADDIS

7489 SUGARBUSH DRIVE

SPRING HILL, FL 34606

MGR

HENDERSON D. MILLER

10504 SEVILLA DRIVE, #102

FORT MYERS, FL 33913

MGR

DONNA J. PETRESS-MILLER

10504 SEVILLA DRIVE, #102

FORT MYERS, FL 33913

(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.

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.

DONNA J. PETRESS-MILLER

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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