

L17000148582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

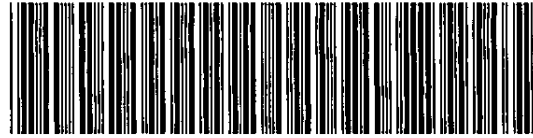
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/21/17--01018--011 **125.00

2017 JUL 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

THOMAS A. CAPUTO
341 ISLAND CREEK DR
VERO BEACH, FL 32963

SUBJECT: ISLAND CREEK, LLC
Ref. Number: W17000052314

We have received your document for ISLAND CREEK, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Carlos E Rico
Regulatory Specialist II

Letter Number: 317A00012756

RECEIVED
17 JUL 10 PM 3:54
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Thomas A. Caputo
341 Island Creek Drive
Vero Beach, FL 32963

June 20, 2017

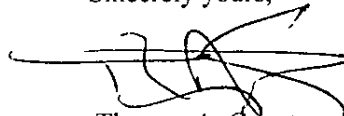
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Island Creek, LLC

To Whom It May Concern:

Enclosed is an application to form Island Creek, LLC and a check for the filing fee in the amount of \$125. If you should have any questions regarding this application, please feel free to contact me by e-mail (caputotac@gmail.com) or by telephone (914-582-7102). Thank you for your help in this matter.

Sincerely yours,



Thomas A. Caputo

COVER LETTER

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

SUBJECT: Island Creek, 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:

Thomas A. Caputo
Name of Person
Island Creek, LLC
Firm/Company
341 Island Creek Drive
Address
Vero Beach, FL 32963
City/State and Zip Code
caputotac@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Berry	216	755-5635
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:

Island Creek, 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:

341 Island Creek Drive
Vero Beach, FL 32963

Mailing Address:

341 Island Creek Drive
Vero Beach, FL 32963

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:

Thomas A. Caputo

Name

341 Island Creek Drive

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

Vero Beach

Florida

32963

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..

Thomas A. Caputo

By:


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

Sole Member

Name and Address:

MGR

Thomas A. Caputo

341 Island Creek Drive

Vero Beach, FL 32963

(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.

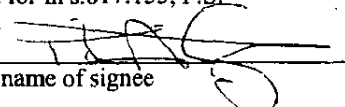
REQUIRED SIGNATURE:

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.

Thomas A. Caputo, Sole Member

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)