

L17000175793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

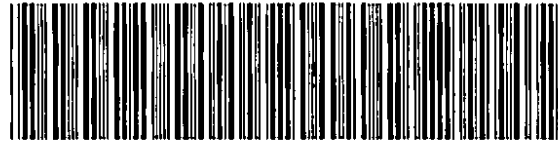
Special Instructions to Filing Officer:

RECEIVED

2017 AUG 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



000302275650

08/15/17--01003--031 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG 14 AM 9:26

1000

08/17/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gatorville Territorial Trust LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda J. Sutton
Name of Person

Gatorville Territorial Trust LLC
Firm/Company

8910 Pine Tree Drive
Address

Lakeland, Florida 33809
City/State and Zip Code

gatorvilliterritorialtrust@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda at (727) 817-0829
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:

Gatorville Territorial Trust 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:

8916 Pine Tree DR.
Lakeland, FL 33809

Mailing Address:

P.O. Box 954
SAN ANTONIO, FL 33576

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:

Wanda J. Sutton
Name
8916 Pine Tree DR.
Florida street address (P.O. Box **NOT** acceptable)
Lakeland FL 33809
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..

Wanda J. Sutton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 16 AM 9:26
DEPT. OF STATE
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

AMBR

Name and Address:

Wanda J. Sutton
39112 Pine Tree Dr.
Lakeland, FL 33809

Jerry L. Brooks
P.O. Box 954
San Antonio, FL 33576

POROTHY WILSON
P.O. Box 954
San Antonio, FL 33576

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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.

FOR ANY AND ALL LAWFUL BUSINESS.

REQUIRED SIGNATURE:

Wanda J. Sutton

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.

WANDA J. SUTTON

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)

17 AUG 11, AM 9:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA