

L17000206139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

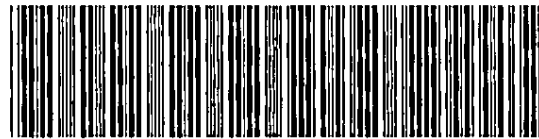
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/30/17--01019--011 **125.00

17 OCT -5 AM 10:20
STATE OF FLORIDA
TALLAHASSEE

W17-073001

10/6/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2017

JENNIFER DUCLAIR
4115 AUDUBON OAKS CIR. #305
LAKELAND, FL 33809

SUBJECT: 810 RICHMERE, LLC
Ref. Number: W17000073001

We have received your document for 810 RICHMERE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.

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: 617A00018454

Jennifer Duclair
4115 Audubon Oaks Circle #305
Lakeland, FL 33809
352-327-6744

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

RE: Document Number **300302857763**

Dear Sir/Ma'am,

Enclosed is payment for the filing of the Articles of Organization and the Registered Agent designation for 810 Richmere, LLC.

The document was e-filed however, for reasons unknown, payment could not be processed through the online system. The system provided a rejection message which included a phone number to call for assistance: 1-877-513-5465 Option 1. However, they could not assist.

Therefore, I am including a check for the filing fee. Please call my phone number listed above if there are any questions, issues or concerns.

With Gratitude,

Jennifer Duclair

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 810 Richmere 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:

Jennifer Duclair
Name of Person

Firm/Company

4115 Audubon Oaks Circle #305
Address

Lake land, FL 33809
City/State and Zip Code

jduclair@jlegal services.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Duclair (352) 327 6744
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already Paid by check

- ☐ \$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:

810 Richmere 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:

1201 E 124th Ave, B
Tampa, FL 33612

Mailing Address:

301 Yamato Road
Suite 1240
Boca Raton, FL 33431

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:

J.D. Legal PA
Name
301 Yamato Rd Ste 1240
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33431
City State Zip

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TALLAHASSEE

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..

[Signature]
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

MGR

MGR

Name and Address:

Christopher T. Martin
1201 E 124th Ave, B
Tampa, FL 33612

Jennifer Duclair
301 Yamato Rd, Ste 1240
Boca Raton, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/27/2017 (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.

The entity will be bound by the operating agreement in place.

REQUIRED SIGNATURE:

J. Duclair
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.

Jennifer Duclair
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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TALLAHASSEE