

L11000218333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

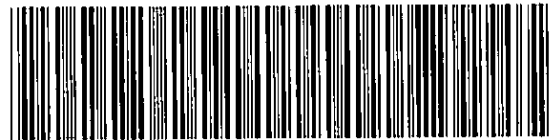
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/20/17--01012--021 **130.00

17 OCT 20 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ION COVE HOMES I.L.C.

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:

LISA L SCHROPP

Name of Person

Firm/Company

1250 LEMONWOOD RD

Address

ST JOHNS, FLORIDA 32259

City/State and Zip Code

LISASCHROPPHOMES@GMAIL.COM

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

For further information concerning this matter, please call:

LISA SCHROPP

904

625 7972

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ION COVE HOMES 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:

3536 PEERLESS DOCK CT
JACKSONVILLE, FL 32223

Mailing Address:

3536 PEERLESS DOCK CT
JACKSONVILLE, FL 32223

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:

PACIFIC REGISTERED AGENTS, INC

Name

5647 NORTH 110TH AVENUE

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

ROYAL PALM BEACH, FL

City

State

33411

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

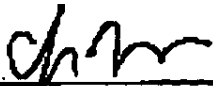
Registered Agent's Signature (REQUIRED)

(CONTINUED)

CONSENT TO SERVE AS FLORIDA REGISTERED AGENT

I, Charles F. Mathias, President of Pacific Registered Agents, Inc., consent to serve as Registered Agent in the State of Florida for **ION COVE HOMES LLC**. I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of Pacific Registered Agents, Inc., and to immediately notify the Office of the Secretary of State if we resign or change the registered office or business address. Our registered office and business address is:

Pacific Registered Agents, Inc.
5647 110th Ave. North
Royal Palm Beach, FL 33411



Signature of Agent

Title: President
Date: 10/17/2017

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SECRETARY 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

MGR

Name and Address:

JACKIE WERNER

3536 PEERLESS DOCK CT

JACKSONVILLE, FL 32223

AMBR

LISA SCHROPP

1250 LEMONWOD RD

ST JOHNS, FL 32259

(Use attachment if necessary)

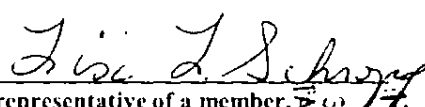
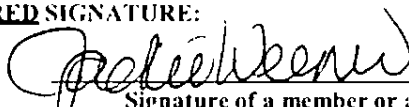
ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2018. (OPTIONAL)

(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.

JACKIE WERNER

LISA L SCHROPP

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)

FILED
OCT 20 PM 12:19
CLERK OF STATE
TALLAHASSEE FLORIDA