

L17000240834

(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:

Office Use Only



400305815044

11/21/17--01015--022 **350.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 NOV 21 AM 7:02

K. Page

11/22/17

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 36th Terrace Enterprises Florida, 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:

Danny M. Daigle
Name of Person

36th Terrace Enterprises Florida, LLC
Firm/Company

1404 NW Spruce Ridge Drive
Address

Stuart, FL 34994
City/State and Zip Code

rosescents2004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura A. Daigle at (772) 692-2425
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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:

36th Terrace Enterprises Florida, LLC
(Must end with 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:

Mailing Address:

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

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:

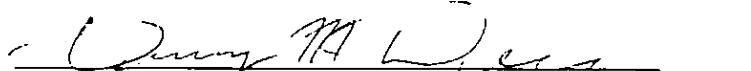
Danny M. Daigle
Name

1404 N.W. Spruce Ridge Drive
Florida street address (P.O. Box NOT acceptable)

Stuart City FL 34994 Zip

FILED
2017 NOV 21 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Danny M. Daigle AMBR

as Trustee of THE DANNY M. DAIGLE
AND LAURA A. DAIGLE INTERVIVOS
DECLARATION OF TRUST DATED
Laura A. Daigle AMBR

as Trustee of THE DANNY M. DAIGLE
AND LAURA A. DAIGLE INTERVIVOS
DECLARATION OF TRUST DATED
Danny M. Daigle MGR

Name and Address:

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

Laura A. Daigle MGR

1404 N.W. Spruce Ridge Drive
Stuart, FL 34994

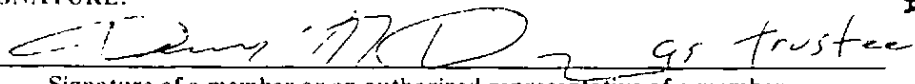
(Use attachment if necessary)

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 the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 as trustee

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Danny M. Daigle, as Trustee of THE DANNY M. DAIGLE AND LAURA A.
Typed or printed name of signee DAIGLE INTERVIVOS DECLARATION
OF TRUST DATED

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
2011 NOV 21 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA