

L17000-256350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

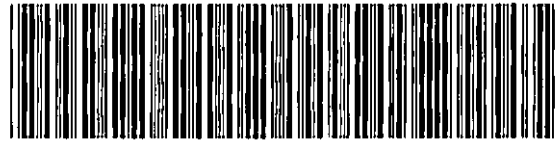
(Business Entity Name)

(Document Number)

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17 DEC 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICE OF
DONALD C. SIDER & ASSOCIATES, P.A.
6751 North Federal Highway, Suite 200
Boca Raton, Florida 33487

Telephone: (561) 391-1100
Fax: (561) 391-2801

DONALD C. SIDER

Member of Florida and Illinois Bars

FACSIMILE TRANSMISSION

Date: December 14, 2017

TO: Name: Nadira D. McClees-Sams
New Filings Section

Company: Division of Corporations

Fax Number: 850-245-6804

Number of Pages: Seven (7)
(including cover sheet)

FROM:

Law Office of Donald C. Sider, Esquire
Telephone Number: (561) 391-1100
Fax Number: (561) 391-391-2801

DOCUMENT(S): Letter dated December 13, 2017 with enclosures.

MESSAGE OR COMMENT: Re: ACAG Management, LLC
Ref. Number W17000096869
Document Number of Name Conflict L07000026126 (The AG Company, LLC)

Nadira,

As per our telephone conversation of this morning, attached is a copy of a letter dated December 13, 2017 with enclosures, which was sent to you yesterday via Federal Express for delivery this morning.

The package inadvertently omitted Item 1, the Articles of Organization for ACAG Management, LLC, which is the new name selected. Attached is a complete copy of the package which includes all of the documents.

Please do not hesitate to contact our office if you have any questions.

Thank you.

Lisa Marks
Legal Assistant

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2017

DONALD C. SIDER, ESQUIRE
6751 N. FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33487

SUBJECT: THE AG COMPANY, LLC
Ref. Number: W17000096869

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17 DEC 14 PM 3:11
OFFICE OF THE
TALLAHASSEE, FLORIDA

We have received your document for THE AG COMPANY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L07000026126

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 217A00024687

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACAG Management, LLC
Name of Limited Liability Company

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17 DEC 14 PM 3:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Donald C. Sider, Esquire

Name of Person

Donald C. Sider & Associates, P.A.

Firm/Company

6751 N. Federal Highway, Suite 200

Address

Boca Raton, FL 33487

City/State and Zip Code

dsider@siderlaw.com

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

For further information concerning this matter, please call:

Donald C. Sider at (561) 391-1100
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:

ACAG MANAGEMENT, 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:

2025 Lavers Circle, D108

Delray Beach, FL 33444

Mailing Address:

2025 Lavers Circle, D108

Delray Beach, FL 33444

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:

Anthony David Greco

Name

2025 Lavers Circle, D108

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

Delray Beach

FL

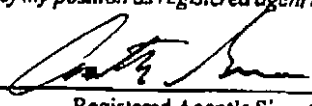
33444

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:

Anthony David Greco

2025 Lavers Circle, D108

Delray Beach, FL 33444

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TALLAHASSEE, FLORIDA

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(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.

Anthony David Greco

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)