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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

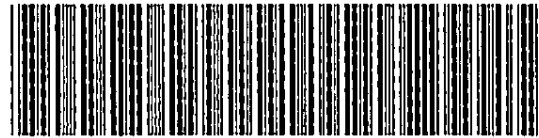
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: 139 Heritage Hills, 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:

Patrick F. Mize

Name of Person

Mize & Fincher, PLLC

Firm/Company

5150 Tamiami Trail N

Address

Naples, Florida 34103

City/State and Zip Code

Mark@Solazzo.com

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

For further information concerning this matter, please call:

Patrick F. Mize 239 316-1400

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
OF
139 HERITAGE HILLS, LLC

16 JAN 31 AM 10:32

ARTICLE I – NAME

The name of the limited liability company is 139 Heritage Hills, LLC. ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1556 Serenity Circle
Naples, Florida 34110

Mailing Address:

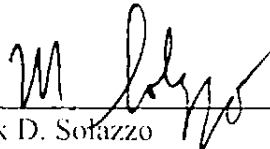
1556 Serenity Circle
Naples, Florida 34110

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Mark D. Solazzo
1556 Serenity Circle
Naples, Florida 34110

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.



Mark D. Solazzo

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

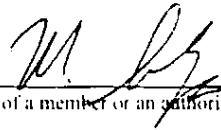
AMBR

Mark D. Solazzo as Trustee of the Mark Douglas
Solazzo Revocable Trust dated March 22, 2016
1556 Serenity Circle
Naples, Florida 34110

AMBR

Amy L. Solazzo as Trustee of the Amy Lynn
Solazzo Revocable Trust dated March 22, 2016
1556 Serenity Circle
Naples, Florida 34110

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.

Mark D. Solazzo as Trustee of the Mark Douglas
Solazzo Revocable Trust dated March 22, 2016

Typed or printed name of signee

19 JUN 31 AM 10:32