

L18 000 091 606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

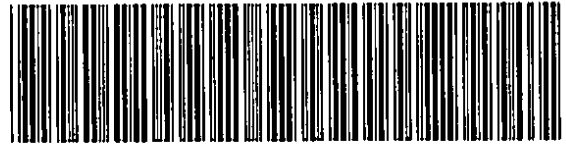
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800311371798

04/09/18--01031--003 \*\*155.00

FILED  
18 APR -9 PM 1:05  
TALAMASSEE, IL

D O'KEEFE

APR 16 2018

**TROIANO & ROBERTS, P.A.**

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE  
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)  
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO  
NICHOLAS J. TROIANO  
LAURIANE CICCARELLI

REPLY TO:  
P. O. DRAWER 829  
LAKELAND, FLORIDA 33802-0829  
TELEPHONE (863) 686-7136  
FAX (863) 686-9157  
WEBSITE:  
WWW.TROIANOLAW.COM

April 6, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: HISTORIC KINGS ROAD PLAZA, LLC  
Our File No.: 2018-0205

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,

*Maecia Hankins for*

Victor J. Troiano

VJT/mph

Enclosures

FILED  
18 APR -9 PM 1:06  
TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: HISTORIC KINGS ROAD PLAZA, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 13506 Summerport Village Pkwy., Ste 802, Windermere, FL 34786

b: Street Address: 13506 Summerport Village Pkwy., Ste 802, Windermere, FL 34786

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

William Oleyar

Name

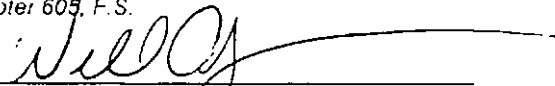
13506 Summerport Village Pkwy, Suite 802

Florida street address (Post Office Box **NOT** acceptable)

Windermere, FL 34786

City, State and 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

**ARTICLE IV – Management (Check applicable box)**

☒ X The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

FILED  
18 APR -9 PM 1:07  
TALLAHASSEE, FL

**ARTICLE V –**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

William Oleyar  
13506 Summerport Village Pkwy., Ste 802  
Windermere, FL 34786

MGR

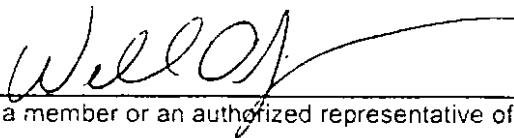
Heather Oleyar  
13506 Summerport Village Pkwy., Ste 802  
Windermere, FL 34786

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
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.)

\_\_\_\_\_  
William Oleyar

Typed or printed name of signer

FILED  
18 APR -9 PM 1:07  
TALLAHASSEE, FL