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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
MAY 04 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dwaine Nicholas Gashyna 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:

Dwaine Nicholas Gashyna

Name of Person

Dwaine Nicholas Gashyna LLC

Firm/Company

922 Bonnie Drive

Address

Lakeland, FL 33803

City/State and Zip Code

dngashyna@gmail.com

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

For further information concerning this matter, please call:

Dwaine Nicholas Gashyna

863

289-9154

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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DWAIN NICHOLAS GASHYNA 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:

DWAIN NICHOLAS GASHYNA
Name of Person

DWAIN NICHOLAS GASHYNA LLC.
Firm/Company

922 BONNIE DRIVE
Address

LAKE LAND, FL 33803
City/State and Zip Code

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

For further information concerning this matter, please call:

Dwaine Nicholas Gashyna (863) 289-9154
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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DWAYNE NICHOLAS GASHYNA 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:

922 BONNIE DRIVE
LAKE LAND, FL
33803

Mailing Address:

922 BONNIE DRIVE
LAKE LAND, FL

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:

DWAYNE NICHOLAS GASHYNA
Name
922 BONNIE DRIVE
Florida street address (P.O. Box **NOT** acceptable)
LAKE LAND FL 33803
City State Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

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9-16

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

MGR _____

Name and Address:

Dwaine Nicholas Gashyna

922 Bonnie Drive

Lakeland, FL 33803

AMBR _____

Rachel Cecelia Harris

922 Bonnie Drive

Lakeland, FL 33803

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-01-2018 (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.

Dwaine Nicholas Gashyna

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -3 PM 1:14

5-16

RE/MAX PARAMOUNT PROPERTIES**2600 South Florida Avenue, Lakeland, Florida 33803****PHONE: 863-680-3322****FAX: 863-225-5982****Web site: www.polkcountyhomes.com**FROM: Dwaine Nicholas
GashynaDATE: 05-03-18TIME: 11:30Keyna TO: Florida Division of
CorporationsFAX# 850-245-6804

COMPANY: _____

PHONE 8 _____

Message:

I know I was missing the last page.
But I thought it would be better to
refill the ~~last~~ documents using computer
text rather than printed for clarity.

OF PAGES FAXED INCLUDING COVER SHEET _____

PLEASE NOTIFY US IF THERE IS A PROBLEM WITH THIS TRANSMISSION!

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RE/MAX CORPORATION
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INFORMATION SERVICES2018 MAY -3 PM 1:14
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