

L18000108763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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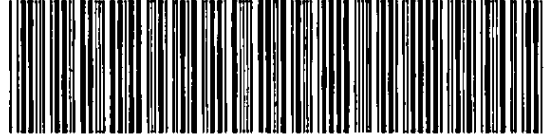
(Business Entity Name)

(Document Number)

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05/01/18--01022--010 \*\*125.00

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FILED  
2018 MAY -4 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 07 2018

T. SCOTT

**SCOTT ZAMEK, ESQ.**

Attorney at Law  
One Rabro Drive, Suite 12  
Hauppauge, New York 11788  
(631) 851-4466  
Facsimile (631) 851-0412  
E-mail: [szamek@zamlaw.net](mailto:szamek@zamlaw.net)

April 27, 2018

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: New Filing: New Ellenton, LLC**

Dear Sir/Madam:

Enclosed please find the New Filing Cover Letter and proposed Articles of Organization for New Ellenton, LLC, together with my check in the sum of \$125.00 made payable to the Florida Department of State as and for the requisite filing fee for this new LLC.

Please return the Letter of Acknowledgement to my office.

Thank you very much and please feel free to contact me if you should require anything further.

Very truly yours,



SCOTT ZAMEK, ESQ.

SZ/az

Enclosure

cc: Arthur Herman

Kevin Dougherty, CPA (w/encl.)

**COVER LETTER**

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

**SUBJECT: New Ellenton, 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:

**Scott Zamek, Esq.**

\_\_\_\_\_  
Name of Person

**New Ellenton, LLC.**

\_\_\_\_\_  
Firm/Company

**Scott Zamek Attorney**

\_\_\_\_\_  
Address

**1 Rabro Drive, #12, Hauppauge, NY 11788**

\_\_\_\_\_  
City/State and Zip Code

**szamek@zamlaw.net**

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

For further information concerning this matter, please call:

**Scott Zamek**

**631**

**851-4466**

\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Ellenton, 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:**

4100 North Ocean Drive, #2202W  
West Palm Beach, Florida, 33404

**Mailing Address:**

C/O Dougherty & Connell CPA's  
532 Broadhollow Road, #109  
Melville, NY 11747

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:

Northwest Registered Agent, LLC.

Name

3030 N. Rocky Point Dr. STE 150A

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

Tampa

FL

33607

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..

Northwest Registered Agent, LLC.

*Tom Glover*

Tom Glover

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2018 MAY -1 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Arthur Herman

4100 North Ocean Drive, #2202W

West Palm Beach, FL 33404

Barbara Herman

4100 North Ocean Drive, #2202W

West Palm Beach, FL 33404

(Use attachment if necessary)

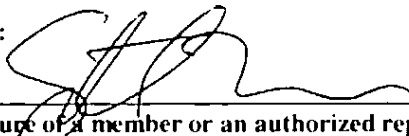
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Scott Zamek, Esq.

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)