

L18000109105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

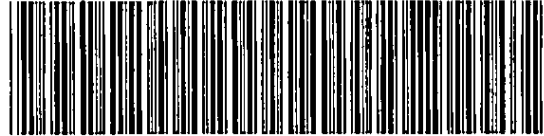
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -1 AM 11:42

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COVER LETTER

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

SUBJECT: Gulf Cottage 1919, 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:

Jennifer Munden

Name of Person

Norm D. Fugate PA

Firm/Company

Post Office Box 98

Address

Williston, Florida 32696

City/State and Zip Code

fondacedarkey@gmail.com

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

For further information concerning this matter, please call:

Jennifer Munden 352 528-0019
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
OF
Gulf Cottage 1919, LLC**

ARTICLE I – NAME

The name of the limited liability company is Gulf Cottage 1919, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

13351 SW 67th Place
Cedar Key, Florida 32625

Mailing Address:

13351 SW 67th Place
Cedar Key, Florida 32625

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

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

Fonda L. Fait
13351 SW 67th Place
Cedar Key, Florida 32625

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.

Fonda L. Fait

Fonda L. Fait

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

MGR

Name and Address:

Fonda L. Fait
13351 SW 67th Place
Cedar Key, FL 32625

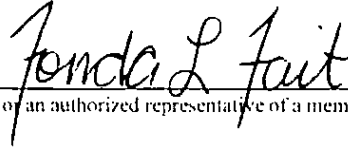
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ARTICLE V - OTHER MATTERS

Purpose of LLC: Any Legal Purpose

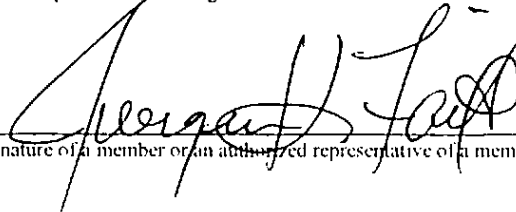
REQUIRED SIGNATURE:

A handwritten signature in cursive script, reading "Fonda L. Fait", written over a horizontal line.

Signature of a member or an authorized representative of a member.

Fonda L. Fait

Typed or printed name of signee

A handwritten signature in cursive script, reading "Juergen K. Fait", written over a horizontal line.

Signature of a member or an authorized representative of a member.

Juergen K. Fait

Typed or printed name of signee

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)