

L18000133615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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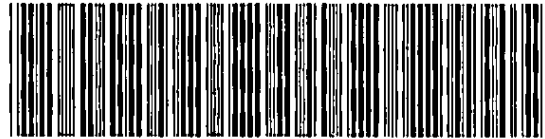
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2018 MAY 29 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE

MAY 31 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 5131 Ridgewood L.L.C.  
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:

Craig Gittner  
Name of Person

Allanwood Management  
Firm/Company

5123 S Ridgewood Ave.  
Address

Port Orange, FL 32127  
City/State and Zip Code

cara@estateonthehalifax.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara Castelli at ( 386 ) 763-2285  
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:

5131 Ridgewood 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:

5123 S Ridgewood Ave.  
Port Orange, FL 32127

Mailing Address:

5123 S Ridgewood Ave  
Port Orange, FL 32127

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:

Craig Gittner

Name

4716 Peninsula Dr.

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

Ponce Inlet FL 32127

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

AMBR

AMBR

**Name and Address:**

Craig Gittner  
4716 S Peninsula Dr.  
Ponce Inlet, FL 32127

Cara Castelli  
1605 S Peninsula Dr.  
Daytona Beach, FL 32118

Calvin Gittner  
1934 Halifax Dr.  
Port Orange, FL 32128

Cory Gittner  
9999 NE 2nd Ave #210  
Miami Shores, FL 33138

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/1/2018 (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.

Craig H. Gittner

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA

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Article IV Attachment

AMBR D. Andrew Clark  
2432 Dodge Dr.  
Daytona Beach, FL 32118

AMBR Lois C. Loesch  
1348 Dovercourt Ln.  
Ormond Beach, FL 32174

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