

L18000138381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

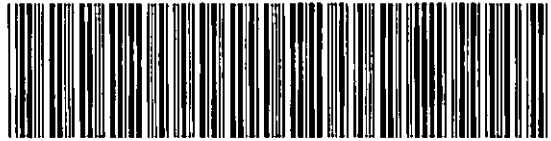
Special Instructions to Filing Officer:

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Office Use Only



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FILING OFFICE
TAMPA, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lisa Baltozer, PLLC
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:

Star M. Sansone

Name of Person

Dell Salter PA

Firm/Company

3940 NW 16th Blvd., Bldg. B

Address

Gainesville, FL 32605

City/State and Zip Code

lbaltozer@mnparrish.com

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

For further information concerning this matter, please call:

Star M. Sansone

352

416-0090

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

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JUN 11 2018
TALLAHASSEE, FL

2018 JUN -4 AM 8:29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lisa Baltozer, PLLC

(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:

8127 SW 72nd Place

Gainesville, FL 32608

Mailing Address:

8127 SW 72nd Place

Gainesville, FL 32608

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:

Lisa Baltozer

Name

8127 SW 72nd Place

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

Gainesville

FL

32608

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.

Lisa Baltozer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 32301

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:

Lisa Baltozer

8127 SW 72nd Place

Gainesville, FL 32608

(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.

To engage in real estate sales activities pursuant to applicable law.

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.

Lisa Baltozer

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)

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2019 JUN -1, AM 8:29
FLA. DEPT. OF STATE

DELLSALTER

ATTORNEYS AT LAW

STAR M. SANSONE
LL.M. in Taxation
Star.sansone@dellsalter.com

May 31, 2018

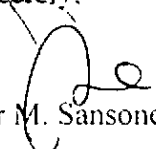
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization for Lisa Baltozer, PLLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$155.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerely,


Star M. Sansone

SMS:mh

cc: Lisa Baltozer

REC-500770
2018 JUN -4 AM 8:29
TALLAHASSEE, FLORIDA

p 352.416-0090