

# L18000181869

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2C160CC0017  
Phone : (855)498-5500  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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RECEIVED  
2018 JUL 27 AM 8:59  
OFFICE OF  
CORPORATION  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
CURMAC REAL ESTATE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T COLLINS  
JUL 30 2018

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Curmac Real Estate, 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:

Roger A. Stong, Esq,

Name of Person

Crowe & Dunlevy, A Professional Corporation

Firm/Company

Braniff Building, 324 North Robinson Avenue, Suite 100

Address

Oklahoma City, OK 73102

City/State and Zip Code

roger.stong@crowedunlevy.com

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

For further information concerning this matter, please call:

Roger A. Stong, Esq, 405 239-6614

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

FILED  
18 JUL 27 AM 11:12  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Curmac Real Estate, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "Li.C.")

## ARTICLE II - Address:

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

Principal Office Address:6003 Perrine Ranch Road  
New Port Richey, FL 34655Mailing Address:PO Box 1509  
Norman, Oklahoma 73071

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.

K2AKrista Abair, Asst. Sec. on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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**Name and Address:**David Curry6003 Perrine Ranch RoadNew Port Richey, FL 34655AMBR, MGREvan Taylor Maconi6003 Perrine Ranch RoadNew Port Richey, FL 34655

(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.Roger A. Stong, Authorized Representative

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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18 JUL 27 AM 11:12  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA