

L18 000188364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

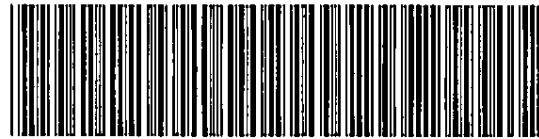
Certified Copies _____ Certificates of Status _____

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AUG 07 2018

T. SCOTT



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08/06/18--01015--031 **155.00

2018 AUG -6 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF

MARSHAL D. GIBSON

PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN
TAXATION (FLORIDA)

ONE CENTURY TOWER
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510
TEL: 203-562-8080
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM
WEBSITE: MGIBTAX.COM

NEW YORK OFFICE
230 PARK AVENUE, SUITE 1000, PMB 1072
NEW YORK, NY 10169

July 31, 2018

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

RE: 172 Stillwater LLC

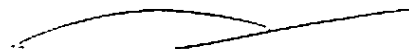
Dear Sir/Madam:

Enclosed please find a fully executed Articles of Organization with respect to the above entitled limited liability company for filing. I have also enclosed an additional copy of the Articles of Organization and a check in the amount of \$155.00 for filing fees and certified copy fee.

Please send a certified copy of the Articles of Organization to me at: One Century Tower, 265 Church Street, Suite 504, New Haven, Connecticut 06510.

Thank you.

Very truly yours,



Marshal D. Gibson

MDG:jav
encls.

COVER LETTER

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

SUBJECT: 172 STILLWATER 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:

Marshal D. Gibson

Name of Person

Marshal D. Gibson, P.C.

Firm/Company

265 Church Street, Suite 504

Address

New Haven, CT 06510

City/State and Zip Code

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

For further information concerning this matter, please call:

Marshal D. Gibson 203 562-8080

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:

172 STILLWATER 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:

Mailing Address:

875 Elm Court

Marco Island, FL 34145

875 Elm Court

Marco Island, FL 34145

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:

COLIN K. McKEE

Name

875 Elm Court

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

Marco Island

FL

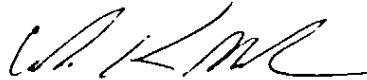
34145

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

Name and Address:

COLIN K. McKEE TRUST

c/o Carolyn McKee, Trustee, 875 Elm Court
Marco Island, FL 34145

AMBR

HEATHER M. McKEE TRUST

c/o Carolyn McKee, Trustee, 875 Elm Court
Marco Island, FL 34145

(Use attachment if necessary)

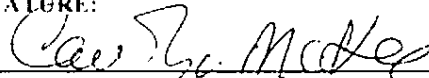
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Carolyn McKee, Trustee

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)