

L180000 211531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

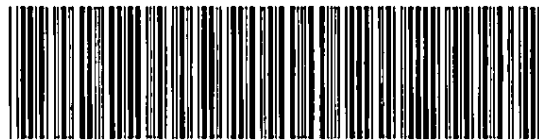
(Business Entity Name)

(Document Number)

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SEP 16 2018
DIVISION OF REVENUE
18 SEP -6 PM 341

C RICO
SEP 06 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: desertrose terrace. com, 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:

CRAIG TALLARD

Name of Person

Firm/Company

PO Box 10269

Address

PENSACOLA, FL 32524

City/State and Zip Code

craigtallard@yahoo.com

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

For further information concerning this matter, please call:

CRAIG TALLARD

Name of Person

at (

850

Area Code

384-0676

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

18 SEP -6 PM 2011
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

desertrose terrace .com, 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:

7772 NORTHPOINTE BLVD
PENSACOLA, FL 32514

Mailing Address:

PO Box 10269
PENSACOLA, FL 32524

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 TALLARD

Name

7772 NORTHPOINTE BLVD

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

PENSACOLA, FL 32514

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..

Craig Tallard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 SEP -6 PM 3:41
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DIVISION OF CORPORATE REGISTRATION
FLORES

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:

CRAIG TALLARD

PO Box 16269

PENSACOLA, FL 32524

AMBR

SIRIN TALLARD

7772 NORTH POINTE BLVD

PENSACOLA, FL 32514

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 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.

N/A

REQUIRED SIGNATURE:

Craig Tallard

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 TALLARD

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)