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(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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# COVER LETTER

то:		w Filing Section vision of Corporations			;	ત	<i>t.</i>	,
SUBJE	·c·r.	The Leeway Cottage, LLC						
SUBJE	.C1:	Na	ne of Li	mited Liabili	ty Company		_	
The end	close	d Articles of Organization and	fee(s) a	re submitted	for filing.			
Please i	returi	n all correspondence concernit	ng this m	atter to the fe	ollowing:			
		John H. Odle						
	•			Name of	Person			<del></del>
	-			Firm/Cor	npany	<del></del>		
		6060 Pinnacle Lane						
				Addre	ess			
		Naples, FL 34110						
	jo	ohn.odle@comcast.net	(	City/State and	l Zip Code			
	_	E-mail address: (to	be used	i for future a	nnual report notification	on)		
or furth	er in	formation concerning this mat	er, pleas	e call:				
	j	ohn H. Odle	2 at (	39	592-6924			
		Name of Person	, <sup>1</sup>	rea Code	Daytime Telephone	Number	_	
Enclose	ed is:	a check for the following amor	unt:					
\$125.00	0 Fili	ing Fee S130.00 Filing Certificate of S		Certific	0 Filing Fee & cd Copy al copy is enclosed)	\$160.00 Certifica Certified (additional	te of Stati Copy	ıs &
		Mailing Address New Filing Section			Street Address New Filing Section		•.	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The Leeway Cottage, 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:

6060 Pinnacle Lane	6060 Pinnacle Lane		
#1903	#1903		
Naples, FL 34110	Naples, FL 34110		

### 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:

John H. Odle		
-	Name	
6060 Pinnacle Lai	ne, #1903	
Florida street add	ress (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Naples	FL	34110
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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	C		

The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lt., II O.B.
AMBR	John H. Odle
	6060 Pinnacle Lane, #1903
	Naples, FL 34110
AMBR	Martha S. Odle
	6060 Pinnacle Lance, #1903
	Naples, FL 34110
<del></del>	
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	(ORTIONAL)
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
he date of filing.)	cannot be more than live business days prior to or 30 days after
	plicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of State's	
are document 5 evicence date on the Department of Date 5	ecolus.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
ALVOIRLD 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.

John H. Odle

Tohu H. Odle
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)



# LOVETT BOOKMAN HARMON MARKS LLP

Attorneys at Law

Kimberly H. Tilghman (412) 392-2508 ktilghman@lbhmlaw.com

September 5, 2018

New Filing Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: The Leeway Cottage, LLC

Dear Sir or Madam:

Enclosed for filing are the Articles of Incorporation for the above-referenced limited liability corporation along with a check in the amount of \$125 for the filing fees.

Please do not hesitate to contact me at 412-392-2508 if you have any questions. With best regards, I am

Very truly yours,

LOVETT BOOKMAN HARMON MARKS LLP

Bv

Simberty H. Kilobman

KHT/dlh

Enclosures

cc: Mr. and Mrs. John H. Odle