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:				
:	(Business Entity Name) (Document Number)			
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COVER LETTER

TO: New Filing Section Division of Corporations

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Sundrella Furniture, LLC

SUBJECT: 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: Tommy D. Permenter, Jr., Esquire Name of Person The Permenter Law Firm, P.A. Firm/Company -2201 S.E. 30th Avenue, Suite 202 26 Address Ocala, Florida 34471 ġ City/State and Zip Code Tommy@Permenterlaw.com E-mail address: (to be used for future annual report notification)

2.

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esq.	352 11 (622-1811
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee S130.00 Filing Fee Certificate of Statu	.s L_Certifi	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address		Street Address
New Filing Section		New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		Clifton Building
Tallahassee, FL 32314		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:

Sundrella Furniture, 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:	
707 S.W. 20th Street	707 S.W. 20th Street	
Ocala, Florida 34471	Ocala, Florida 34471	

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:

Peter A, Villella	LLAN B		
	C 2		
707 S.W. 20th Stree Florida street addres	6 PH 5		
Ocala	FL	34471	FLOR 6:
City	State	Zip	12 12

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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)

ARTICLE IV-

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

Villella . 20th Street lorida 34471 . Villella
. 20th Street lorida 34471
lorida 34471
. Villella
20th Street
lorida 34471
N
LAHASTER
<u></u> ;
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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.)

<u>Note:</u> 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,

2

:

REQUIRED SIGNATURE:	Alla
Signature	e of a member or an authorized representative of a member.

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.

Peter A. Villella

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)