

L19000109362
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000141447 3)))



H190001414473ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1529

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Stancel Ogden, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

M SIMMONS

APR 29 2019

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

FAX AUDIT NO.: H19000141447 3

19 APR 26 PM 4:

CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
STANCEL OGDEN, LLC**

ARTICLE I: NAME

The name of the limited liability company shall be Stancel Ogden, LLC (the "Company").

ARTICLE II: MAILING AND STREET ADDRESS

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

13723 Jetport Commerce Pkwy, Suite 11
Fort Myers, Florida 33913

ARTICLE III: EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV: INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

HF Registered Agents, LLC

1715 Monroe Street
Fort Myers, Florida 33901

ARTICLE V: PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI: MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Managers who shall serve as the Managers of the Company until their successor is elected and qualified:

FAX AUDIT NO.: H19000141447 3

FAX AUDIT NO.: H19000141447 3

Name

Address

William Stancel

13723 Jetport Commerce Pkwy, Suite 11
Fort Myers, FL 33913

Robert Ogden

18090 N. Olga Drive
Alva, FL 33920

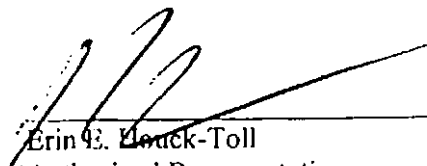
Thomas Ogden

18301 Cypress Creek Lane
Alva, FL 33920

ARTICLE VII: OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 29th day of April 2019.


Erin E. Black-Toll
Authorized Representative

FAX AUDIT NO.: H19000141447 3

FAX AUDIT NO.: H19000141447 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

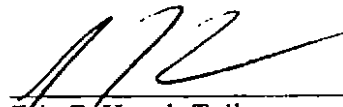
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Stancel Ogden, LLC.
2. The name and address of the registered agent and office is:

HF Registered Agents, LLC
1715 Monroe Street
Fort Myers, Florida 33901

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.

HF Registered Agents, LLC



Erin E. Houck-Toll
Vice-President

FILED
19 APR 26 PM 4:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H19000141447 3