

419 000 1366665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

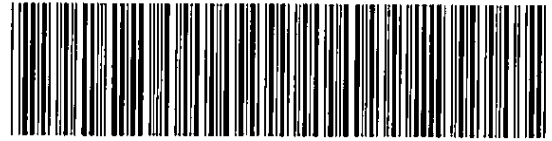
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/31/19--01002--001 \*\*125.00

RECEIVED  
STATE  
19 MAY 30 PM 3:29

FILED  
19 MAY 30 AM 10:25  
TALLAHASSEE, FLORIDA

R KEMPLF  
MAY 30 2019

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 5/30/2019

**\*\*WALK IN\*\***

ENTITY NAME 375 OKEECHOBEE LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Articles & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 125.00

CHECK # 6178

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

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

**SUBJECT:** 375 Okeechobee 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:

Paula M. Younger

Name of Person

CPA Tax Solutions LLC

Firm/Company

500 NW 6th Street

Address

Okeechobee, FL 34972

City/State and Zip Code

paula@cpataxsolutions.net

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

For further information concerning this matter, please call:

Paula M. Younger

863

357-1099

at ( )

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:

375 Okeechobee 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:

375 SW 32nd Street  
Okeechobee, FL 34974

375 SW 32nd Street  
Okeechobee, FL 34974

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:

Teresa Stephens

Name

375 SW 32nd Street

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

Okeechobee

FL

34974

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.*

Teresa Stephens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
19 MAY 30 AM 10:25  
CLERK OF CIRCUIT COURT  
JANUARY, 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:

Dr. Peter Stephens

7588 SW 13th Street

Okcechobee, FL 34974

AMBR

Teresa Stephens

7588 SW 13th Street

Okcechobee, FL 34974

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: May 30, 2019 (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.

Teresa Stephens

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)

FILED  
19 MAY 30 AM 10: 25  
DEPARTMENT OF STATE  
HALLWAY  
TALLAHASSEE, FL 32399