

# L1900016127a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

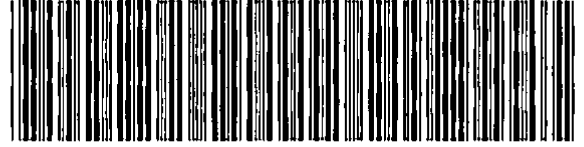
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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19 JUN 18 PM 10:30  
SEATTLE, WASH  
FALLMISTLE, LORDA

N CULLIGAN

JUL 1 - 2019

# [ MCBRAYER ]

June 14, 2019

**VIA FEDERAL EXPRESS-2<sup>nd</sup> DAY**

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

Re: Articles of Organization for Florida Limited Liability Company

Dear Sir or Madam:

Enclosed please find for filing with your office an original and two copies of the Articles of Organization, along with a check in the amount of \$125 to cover the filing fee. Please file the enclosed document and return the filed-stamped copy to me. I have enclosed a self-addressed return envelope for your convenience.

If you have any questions or concerns, please contact me.

Sincerely,



Shelley A. Kidder  
Paralegal

SAK/  
Enclosures

## COVER LETTER

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

**SUBJECT:** Treitz Realty, 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:

Shelley A. Kidder

Name of Person

McBrayer, PLLC

Firm/Company

500 W. Jefferson St., Ste. 2400

Address

Louisville, KY 40202

City/State and Zip Code

skidder@mcbayerfirm.com

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

For further information concerning this matter, please call:

Shelley A. Kidder

502

589-1000

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:

Treitz Realty, 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:

5694 Craft Court  
The Villages, FL 32163

5694 Craft Court  
The Villages, FL 32163

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:

Robert William Treitz

Name

5694 Craft Court

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

<u>The Villages</u>	<u>FL</u>	<u>32163</u>
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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 JUN 18 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, 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

MGR

**Name and Address:**

Robert William Treitz

5694 Craft Court

The Villages, FL 32163

AMBR

ANNE J. TREITZ

5694 CRAFT COURT

THE VILLAGES, FL 32163

(Use attachment if necessary)

**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.)

**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.

This LLC is a manager-managed limited liability company.

**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.

Robert William Treitz, Manager

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)

FILED  
19 JUN 18 PM 10:30  
STATE OF FLORIDA  
TALLAHASSEE