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19 JUL 22 PH 3: 45

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 856086 7103152

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE: July 22, 2019

ORDER TIME : 3:56 PM

ORDER NO. : 856086-005

CUSTOMER NO: 7103152

DOMESTIC FILING

NAME: 141 BRISTOL LANE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

	COVER LETTER
	w Filing Section vision of Corporations
SUBJECT:	141 Bristol Lane, 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:
3	Michael D. Gentzle, Esq.
-	Name of Person
(Coleman, Yovanovich & Koester, P.A.
_	Firm/Company
4	001 Tamiami Trail North, Suite 300
•••	Address
N	Japles, Ft. 34103
wp	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
<u>м</u>	ichael D. Gentzle, Esq. 239 435-3535
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

 $S_{i,j} = 0 \qquad \qquad S_{i,j} = 0$

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

<u> </u>		1 Bristol Lane,		
(M	ust contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited	Liability Company is:	
ī	Principal Office Address:		Mailing Address:	
15 Bialla Plac Halesite, NY			ialia Place site, NY 11743	
			site, 141 1174)	
nother business entity w	eth an active Florida registration	Registered Agent. Y n.)	t's Signature: 'ou must designate an individual or	ï
another business entity w	ompany cannot serve as its own with an active Florida registration	Registered Agent. Y n.)	t's Signature: 'ou must designate an individual or	·
another business entity w	ompany cannot serve as its own with an active Florida registration is street address of the registered	Registered Agent. Yn.) agent are: Name	t's Signature: 'ou must designate an individual or	·
another business entity w	ompany cannot serve as its own with an active Florida registration is street address of the registered Michael Gentzle	Registered Agent. Yn.) agent are: Name North, Suite 300	ou must designate an individual or	ï
another business entity w	ompany cannot serve as its own with an active Florida registration as street address of the registered Michael Gentzle 4001 Tamiami Trail Florida street address Naples,	Registered Agent. Yn.) agent are: Name North, Suite 300	ou must designate an individual or	ï
another business entity w	ompany cannot serve as its own with an active Florida registration as street address of the registered Michael Gentzle 4001 Tamiami Trail Florida street address	Registered Agent. Yn.) agent are: Name North, Suite 300 (P.O. Box NOT acc	ou must designate an individual or	

(CONTINUED)

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)