## L19000005555

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PICK-UP WAIT MAIL
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SECRETARY OF STATE

N CULLIGAN SEP 1 9 2019

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJECT	Eagle Arms Apts, LLC		
ооване		ne of Limited Liability Company	
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.	
Please retu	urn all correspondence concernir	g this matter to the following:	
	Attorney Elisa M. Ruer		
		Name of Person	_
	Law Offices of Elisa M. Ruer.	S.C.	
		Firm/Company	<del></del>
	N19 W24400 Riverwood Driv	e, Suite 350	
		Address	
	Waukesha, WI 53188		
	ruermia@gmail.com	City/State and Zip Code	<del></del>
		be used for future annual report notification)	
For further i	information concerning this mat	er, please call:	
	Elisa Ruer	262 269-9140	
	Name of Person	at ()	
Enclosed i	is a check for the following amo	int:	
\$125.00 F	•	Fec & \$155.00 Filing Fee & \$160.00 Filing Fee	us &
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporation P.O. Box 6327	Division of Corporations	
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	Company is:			
Eagle Arms Apts, LLC				
		l Liability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
132 Clear Lake Circle		132 (	Clear Lake Circle	
Sanford, FL 32773			ord, FL 32773	<u> </u>
ADTICLE III Desistant Asset	t Desistant Office	P. Danisaanad Aman	43- 61	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac-	annot serve as its ow	n Registered Agent. Y		
(The Limited Liability Company c	annot serve as its ow tive Florida registrati	n Registered Agent. Y		CF 2815
(The Limited Liability Company c another business entity with an ac	annot serve as its ow tive Florida registrati	n Registered Agent. Y		ANA SED
(The Limited Liability Company c another business entity with an ac	annot serve as its ow tive Florida registrati ddress of the registere	n Registered Agent. Y		2018 SEP -9 SECRETARY
(The Limited Liability Company c another business entity with an ac	annot serve as its ow tive Florida registrati ddress of the registere	n Registered Agent. Youn.) ed agent are: Name		2018 SEP -9 SECRETARY
(The Limited Liability Company c another business entity with an ac	annot serve as its ow tive Florida registrati idress of the registere Charles G. Thomas	n Registered Agent. Youn.) ed agent are: Name	You must designate an individual of	2018 SEP -9 SECRETARY
(The Limited Liability Company c another business entity with an ac	annot serve as its ow tive Florida registrati idress of the registere Charles G. Thomas	n Registered Agent. Yion.) ed agent are: Name	You must designate an individual of	TALLA SEP

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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager Manager	Kathleen Engler
(Vidilage)	21065 Oak Ridge Court
	Brookfield, WI 53045
	Diographic Control of the Control of
	<del></del>
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days after  not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
ARTICLE VI: Other provisions, if any.	<u>s</u> 2
	777
DECUIDED CLONATURE	
REQUIRED SIGNATURE:	
	# 000 P
5:	a member or an authorized representative of a member.
Signature of This document is a	a member or an authorized representative of a member.  xecuted in accordance with section 605.0203 (1) (b), Florida Statutes  false information submitted in a document to the Department of State
I am aware that any	false information submitted in a document to the Department of State
constitutes a third d	egree felony as provided for in s.817.155, F.S.
Kathleen En	
	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)