900238035

	Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



09/19/19--01014--008 **160.00

SECRETARY OF STATE TALL VIASSEE, FL

N CULLIGAN OCT 2 / 2019

•	
	COVER LETTER
TO:	New Filing Section Division of Corporations
SUBJI	Ludlow Holdings, LLC ECT:
1 .1	
	closed Articles of Organization and fee(s) are submitted for filing.
Flease	return all correspondence concerning this matter to the following:
	Sharon Williams
	Name of Person
	Firm/Company
	4338 Beekman Place Address
	Sarasota, FL 34235
	City/State and Zip Code
	paul@ludlowtraditions.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Paul Ludlow 561 945-9033 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	0 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ludlow Holdings, 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:	
4338 Beekman Place	4338 Beekman Place	
Sarasota. FL 34235	Sarasota, FL 34235	

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:

live Florida registration.)			0330
ldress of the registere	d agent are:		ARTS SEP
Paul Ludlow			
	Name		
326 NW 4th Ave			OF C
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	$n \leq in$
Boca Raton	FL	334 <u>32</u>	THE ST
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Sharon Williams	
	4338 Beekman Place	
	Sarasota, FL 34235	
AMBR	Paul Ludlow	(1) 200
	<u>326 NW 4th Ave</u>	
	Boca Raton, FL 33432	
		A g A
		<u></u>

(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.)

<u>Note:</u> 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,

Ownership is split 50-50 between Sharon Williams and Paul Ludlow

REOUIRED SIGNATÜRE:

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.

Paul Ludlow

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)