

L19 000 268 335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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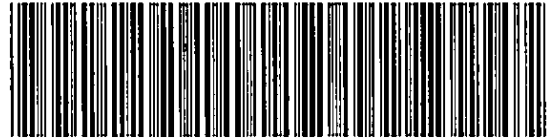
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. O'KEEFE

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LISTEN. SOLVE. EMPOWER.

P: 330.374.7485 F: 330.374.7486 W: bmdllc.com
100 East Main Street, Suite 100, Tallahassee, FL 32301

Shannan L. Mullenix
Paralegal
P: 330.374.7485
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E: smullenix@bmdllc.com

September 24, 2009

FedEx Tracking No.: 776314969727

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

To Whom It May Concern:

Enclosed please find the Florida Articles of Organization Form for filing for Giaveno 1414, L.L.C. along with check number 29462 in the amount of \$125.00 for the filing fee.

If you have any questions, please do not hesitate to contact me at 330.374.7485 or smullenix@bmdllc.com

Thank you for your time and attention to this matter.

Sincerely,

/s/ Shannan L. Mullenix

Shannan L. Mullenix, Paralegal

Enclosures
4817-6755-4471, v. 1

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TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Giaveno 1414, 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:

Adrian C. Ribovich, Esq.

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 East Market Street

Address

Akron, Ohio 44308

City/State and Zip Code

acribovich@bmdllc.com

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

For further information concerning this matter, please call:

Adrian C. Ribovich, Esq.

330

374-7481

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:

Giaveno 1414, 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:

28812 Weybridge Drive
Westlake, Ohio 44145

28812 Weybridge Drive
Westlake, Ohio 44145

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:

BMD Florida Service, LLC

Name

800 West Monroe Street

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

Jacksonville

Florida

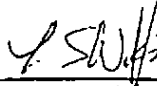
32202

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)

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STATE OF FLORIDA
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

AMBR

Name and Address:

Jon S. Prescott, Trustee of the First Restatement of
Declaration of Trust Agreement of Jon S. Prescott
28812 Weybridge Dr., Westlake, OH 44145

AMBR

Noreen Prescott, Trustee of the First Restatement of
Declaration of Trust Agreement of Noreen Prescott
28812 Weybridge Dr., Westlake, OH 44145

(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.

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.

Jon S. Prescott, Authorized Representative

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)

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