

# L19000295274

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SAXON GILMORE NON-TRUST FUNDS  
Account Number : 120180000023  
Phone : (813) 314-4551  
Fax Number : (813) 314-4555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: FLCORP@saxongilmore.com

**FLORIDA LIMITED LIABILITY CO.  
Spartanburg VACA LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

FILED  
2019 DEC 11 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

2019 DEC 11 AM 10:06

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Spartanburg VACA 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:

Bernice S. Saxon, Esq.

Name of Person

Saxon Gilmore & Carraway, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

FLCORP@saxongilmore.com

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

For further information concerning this matter, please call:

Melody Martinez, Paralegal

813

314-4545

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:

Spartanburg VACA LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

9551 Redwood Blvd.

Tampa, Florida 33635

c/o Gaffey Deane & Talley, PLC

12555 Sunrise Valley Drive - Suite 305

Reston, Virginia 20191

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:

Bernice S. Saxon, Esq.

Name

201 E. Kennedy Blvd., Suite 600

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

Tampa, FL 33602

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)

FILED

2019 DEC 11 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FL

**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:**

Joseph Warren Ingersoll

190 Cape Pointe Circle

Jupiter, FL 33477

AMBR

Henry Grant Ingersoll

P.O. Box 2336 / 15355 Las Planideras

Rancho Santa Fe, CA 92067-2336

(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.

to operate in accordance with Florida Statutes, invest in and manage real property, and exercise all powers necessary to make effective any and all lawful purposes for which the limited liability company is organized

**REQUIRED SIGNATURE:**

X



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.

Joseph Warren Ingersoll

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)