

L20000004718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

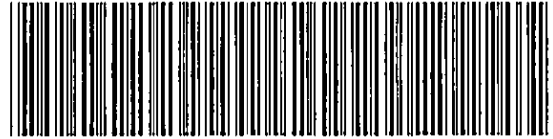
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900338810479

01/07/20--01009--012 \*\*500.00

20 JAN -7 PM 2:01

M SIMMONS

JAN 07 2019

2020 JAN -7 PM 4:05

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 01//2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. 5804 AUTUMN SHIRE DR., L. L. C.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARTICLES OF ORGANIZATION

OF

**5804 Autumn Shire Dr., L.L.C., a Florida  
Limited Liability Company**

## ARTICLE I NAME

The name of this Limited Liability Company is **5804 Autumn Shire Dr., L.L.C.** (the "Company").

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:  
5045 Ronnoch Blvd.  
Wesley Chapel, FL 33543

Mailing Address:  
P.O. Box 17331  
Tampa, FL 33682

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

JOAN Q. VALDES  
5045 Ronnoch Blvd.  
Wesley Chapel, FL 33543

## ARTICLE IV MANAGEMENT

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

<u>Title:</u>	Name and Address
AMBR/MGR.	JOAN Q. VALDES P.O. Box 17331 Tampa, FL 33682
AMBR/MGR.	ARTHUR VALDES, JR. P.O. Box 17331 Tampa, FL 33682

## ARTICLE V

The effective date is the date of filing.

2009 JUN -7 PM 4:05

We have executed these Articles of Organization and acknowledged them to be our act this 7<sup>th</sup> day of January, 2020.

Joan Q. Valdes  
Signature of member  
Joan Q. Valdes  
Printed name of signee

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 F.S. Section 817.155

By: Joan Q. Valdes  
Manager/Member Joan Q. Valdes  
By: Arthur Valdes Jr.  
Manager/Member - Arthur Valdes, Jr.

#### ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **5804 Autumn Shire Dr., L.L.C.** The name and Florida street address of the Registered Agent is:

JOAN Q. VALDES  
5045 Ronnoch Drive  
Wesley Chapel, FL 33544

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.

Joan Q. Valdes  
JOAN Q. VALDES