

L20000075670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

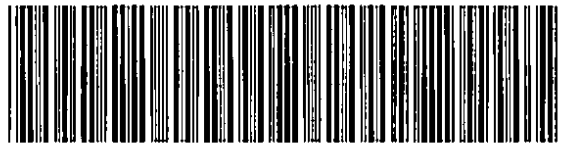
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200340923022

02/27/20--01003--025 **130.00

20 FEB 27 2:48:09
BOSTON, MA

TO: Registration Section
Division of Corporations

20 FEB 27 4 02

SUBJECT: Broad Marsh, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

5542 Cape Aqua Dr.
Sarasota, Florida 34242

E-mail address (to be used for future annual report notification): vallufsey@gmail.com

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
OF
Broad Marsh, LLC

20 FEB 27 4 2 02

ARTICLE I - NAME

The name of the limited liability company is Broad Marsh, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
5542 Cape Aqua Dr.
Sarasota, Florida 34242


Mailing Address:
5542 Cape Aqua Dr.
Sarasota, Florida 34242

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

The name and the Florida street address of the registered agent are:

Valerie C. Lufsey
5542 Cape Aqua Dr.
Sarasota, Florida 34242

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.


Valerie C. Lufsey

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

20 FEB 27 4 02

MGR

Valerie C. Lufsey
5542 Cape Aqua Dr.
Sarasota, Florida 34242

MGR

Vincent Lufsey
5542 Cape Aqua Dr.
Sarasota, Florida 34242

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.

Valerie C. Lufsey

Typed or printed name of signee