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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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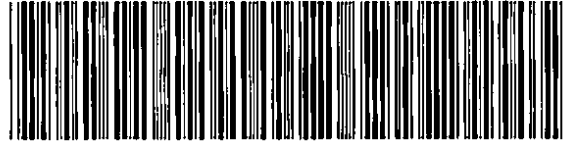
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/20--01009--003 **125.00

FILED

2020 APR -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FL

20 APR -2 PM 12:01

N. C. ...

APR 3

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PREAKNESS POINT, 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:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE ROAD, 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

kevinrealtor1@gmail.com

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

For further information concerning this matter, please call:

ANN BLACK 850 893-4105
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 APR -2 AM 9:18

**ARTICLES OF ORGANIZATION
OF
PREAKNESS POINT, LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **PREAKNESS POINT, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is **11265 Turkey Roost Road, Tallahassee, FL 32317**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company **11265 Turkey Roost Road, Tallahassee, FL 32317**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **KEVIN M. DAVIS** at located at 2050 Capital Circle NE Tallahassee, FL 32308.

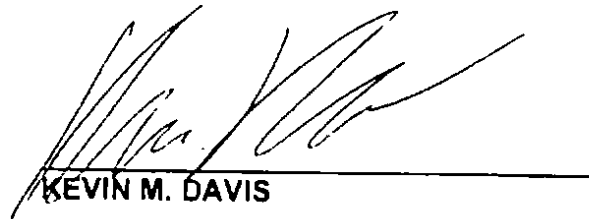
7. **MANAGEMENT.**

The names and addresses of the managers of the Limited Liability Company are:

Kevin M. Davis
11265 Turkey Roost Road
Tallahassee, FL 32317

Richard W. Sneed
2472 Elfinwing Lane
Tallahassee, FL 32309

DATED this 26th day of March 2020.



KEVIN M. DAVIS

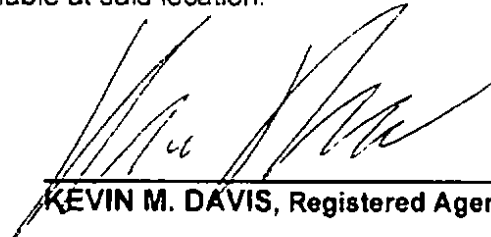
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **PREAKNESS POINT, LLC.**
2. The name of the registered agent and office is: **KEVIN M. DAVIS** at 2050 Capital Circle NE Tallahassee, FL 32308.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



KEVIN M. DAVIS, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL