

L20000113171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

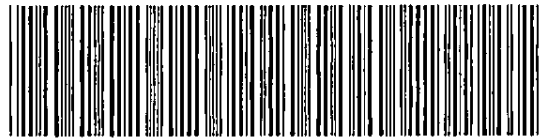
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 APR 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 APR 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2020

10:00 AM

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 273508 7108672

AUTHORIZATION :

COST LIMIT : \$160.00

ORDER DATE : April 27, 2020

ORDER TIME : 3:48 PM

ORDER NO. : 273508-005

CUSTOMER NO: 7108672

DOMESTIC FILING

NAME: WILMA CIRCLE 302 LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: WILMA CIRCLE 302 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:

PAULETTE V. PAPPAS

Name of Person

C/O PAPPAS REALTY CO.

Firm/Company

33-20 BROADWAY

Address

ASTORIA, NEW YORK 11106

City/State and Zip Code

PPAPPAS25@GMAIL.COM

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

For further information concerning this matter, please call:

PAULETTE V. PAPPAS 718 728-2114

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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 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:

WILMA CIRCLE 302 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:

C/O PAPPAS REALTY CO.

33-20 BROADWAY

ASTORIA, NEW YORK 11106

Mailing Address:

C/O PAPPAS REALTY CO.

33-20 BROADWAY

ASTORIA, NEW YORK 11106

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:

ELIZABETH PROCE

Name

400 WILMA CIRCLE, #203

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

RIVIERA BEACH

FLORIDA

33404

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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2020 APR 28 AM 9:06
SEAL
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

Name and Address:

AMBR

PAULETTE V. PAPPAS
C/O PAPPAS REALTY CO., 33-20 BROADWAY
ASTORIA, NEW YORK 11106

AMBR

ELENI P. LOIZIDES
C/O PAPPAS REALTY CO., 33-20 BROADWAY
ASTORIA, NEW YORK 11106

(Use attachment if necessary)

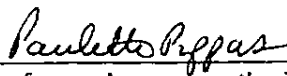
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

PAULETTE V. PAPPAS

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)