

L 20000136 968

(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

20000136 968

MAY 27 2020

T. SCOTT



800344568998

05/18/20--01038--020 **125.00

FILED

2020 MAY 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ON-CALL PROPERTY SERVICES II
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:

KIMBERLY M. HOLDERNESS

Name of Person

Firm/Company

1272 CELEBRATION AVE

Address

CELEBRATION, FL 34747

City/State and Zip Code

ONCALLPROPSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

KIMBERLY M. HOLDERNESS 520 271-5592
Name of Person at () 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ON-CALL PROPERTY SERVICES II 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:

1272 CELEBRATION AVE
CELEBRATION, FL 34747

Mailing Address:

P.O. BOX 470273
CELEBRATION, FL 34747

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:

KIMBERLY M. HOLDERNESS

Name

1272 CELEBRATION AVE

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

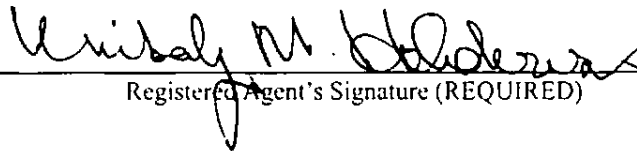
CELEBRATION FL 34747

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
2020 MAY 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MARK R. HOLDERNESS
1272 CELEBRATION AVE
CELEBRATION, FL 34747

AMBR

KIMBERLY M. HOLDERNESS
1272 CELEBRATION AVE
CELEBRATION, FL 34747

(Use attachment if necessary)

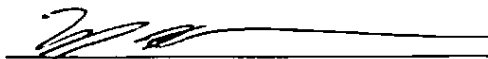
ARTICLE V: Effective date, if other than the date of filing: MAY 1, 2020 (OPTIONAL)

(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.

MARK R. HOLDERNESS

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)

Scott, Tyrone K.

From: Page, Keyna
Sent: Wednesday, May 27, 2020 2:38 PM
To: Scott, Tyrone K.
Subject: FW: ON-CALL PROPERTY SERVICES II

If you could please fill this out before you leave today and push to the internet if you would!

From: holderness@comcast.net <holderness@comcast.net>
Sent: Wednesday, May 27, 2020 2:37 PM
To: Page, Keyna <Keyna.Page@dos.myflorida.com>
Subject: Re: ON-CALL PROPERTY SERVICES II

EMAIL RECEIVED FROM EXTERNAL SOURCE

Yes

Sent from Xfinity Connect App

----- Original Message -----

From: Page, Keyna
To: HOLDERNESS@COMCAST.NET
Sent: May 27, 2020 at 2:36 PM
Subject: ON-CALL PROPERTY SERVICES II

Good Afternoon,

Per our conversation on the phone we came to the conclusion that the "LLC" suffix is missing from article one. Do you give Mr. Tyrone the permission to input LLC in the first Article?

Division of Corporations
Regulatory Specialist II
Tel: 850 245-6293
Fax: 850 245-6804