

L200000154584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

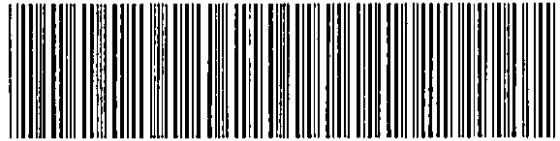
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 10 PM 1:44

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2020 JUN 10 AM 10:45

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11 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

8158 SANTALO LLC

Signature _____

Requested by: BAN

Name _____

Walk-In _____

JUN 10

Date _____

AM

Time _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

OF

8158 SANTALO, LLC

The undersigned authorized representative hereby forms a limited liability company under the laws of the State of Florida:

ARTICLE I

COMPANY NAME

The name of this company is:

8158 SANTALO, LLC

ARTICLE II

COMMENCEMENT

The existence of the Company shall commence on June 9, 2020, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the time authorized by Statute.

ARTICLE III

MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and the street address of the principal office of the limited liability company is 3011 Isola Bella Blvd., Mt. Dora, FL 32757.

ARTICLE IV

REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

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2020 JUN 10 AM 10:43
TALLAHASSEE, FL

Jonathan R. Schroeder
3011 Isola Bella Blvd.
Mt. Dora, FL 32757

ARTICLE V

INITIAL MANAGER

The Initial Manager of the Company shall be:

Jonathan R. Schroeder
3011 Isola Bella Blvd.
Mt. Dora, FL 32757

The Initial Manager shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the Company.

Notwithstanding the foregoing, the Manager shall have the absolute authority to subcontract any management functions of the Company in his sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

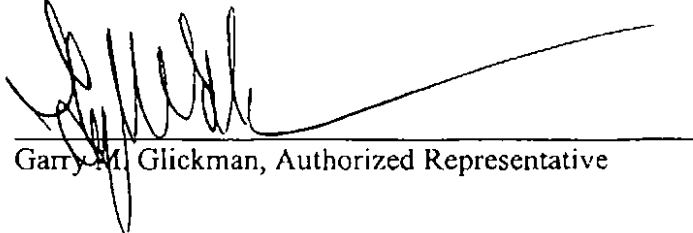
i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

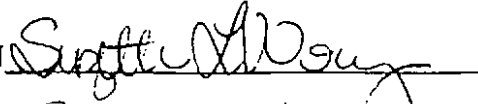
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 9th day of June, 2020 and affirms that the Company has at least one member as of the effective date of these Articles.


Garry M. Glickman, Authorized Representative

STATE OF FLORIDA]
] ss:
COUNTY OF PALM BEACH]

The foregoing instrument was acknowledged before me this 9 of June, 2020, by Garry M. Glickman, Authorized Representative of the afore-described Limited Liability Company, who is personally known to me and did not take an oath.

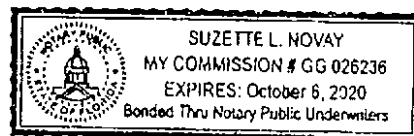
NOTARY PUBLIC:

SIGN 

PRINT Suzette L Novay

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:

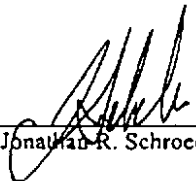


**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

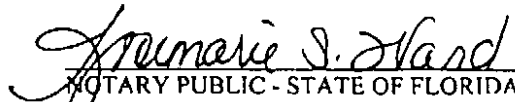
8158 SANTALO, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Jonathan R. Schroeder having an address at 3011 Isola Bella Blvd., Mt. Dora, FL 32757 as its agent to accept Service of Process within this State.

ACKNOWLEDGMENT

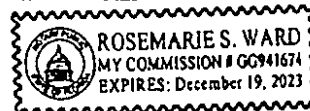
Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.


Jonathan R. Schroeder

SWORN TO AND SUBSCRIBED before me this 9th day of June, 2020.


NOTARY PUBLIC - STATE OF FLORIDA

Name: Rosemarie S. Ward
(Type, stamp or print)



Personally known or produced identification . If produced identification, type or identification produced: Florida Drivers License