

120000226647

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000263558 3)))



H200002635583ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : NJ LAW PLLC  
Account Number : I20200000122  
Phone : (239)920-5228  
Fax Number : (239)920-5289

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: nabil@njlawflorida.com

### FLORIDA LIMITED LIABILITY CO. AVON PARK CIR LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

J. FASON

AUG 06 2020

2020 AUG -5 PM 2:50

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
RECEIVED

(((H20000263558 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AVON PARK CIR 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:Mailing Address:13860 AVON PARK CIR #201  
FORT MYERS FL 3391211567 ONYX CIR  
FORT MYERS FL 33913

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

NJ Law PLLC

Name

3411 Tamiami Trail N., Ste. 100Florida street address (P.O. Box **NOT** acceptable)NaplesFL34103

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)

 2020 AUG -5 AM 11:30  
 FILE

(((H20000263558 3)))

**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

AMBR

RONALD W. MCEWAN  
11567 ONYX CIR, FORT MYERS FL 33913

AMBR

KATHRYN M MCEWAN  
11567 ONYX CIR, FORT MYERS FL 33913

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

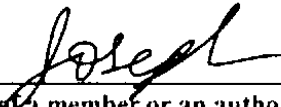
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li 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 Statute  
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.

Nabil Joseph, Authorized Representative

Typed or printed name of signee

2020 AUG -5 AM 11:30  
STATE  
FILE

**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)