

L20000292761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

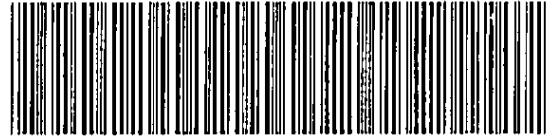
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700352554737

09/25/20--01002--001 **100.00

700352554737
09/23/20--01024--002 **25.00

SEP 23 PM 2:04

2020 SEP 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CUL
SEP 24

CAPITAL CONNECTION, INC.

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

2710 PEMBERTON LLC

- ___ 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 _____

Signature _____

Requested by: Seth _____
Name _____ Date 09/24/20 Time _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2020

CAPITAL CONNECTION

SUBJECT: 2710 PEMBERTON, LLC
Ref. Number: W20000110031

We have received your document for 2710 PEMBERTON, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 320A00018364

SEP 24 2020
SEP 24 2020
SEP 24 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 2710 Pemberton, 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:

Pia Kiebach
Name of Person
Wolfe Financial Group
Firm/Company
1515 International Pkwy Ste. 1001
Address
Lake Mary, FL 32746
City/State and Zip Code
p_chenoweth@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pia Kiebach at (407) 333-0355
Name of Person Area Code 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 SEP 24 AM 8:20

2710 PEMBERTON, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2710 PEMBERTON DRIVE
APOPKA, FL 32703

2710 PEMBERTON DRIVE
APOPKA, FL 32703

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:

WOLFE FINANCIAL GROUP


Name

1515 INTERNATIONAL PKWY, STE 1001

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

<u>LAKE MARY</u>	<u>FL</u>	<u>32746</u>
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)

ARTICLE IV-

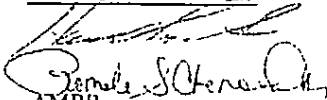
The name and address of each person authorized to manage and control the Limited Liability Company:

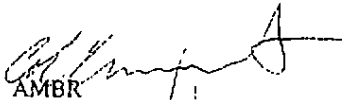
Title:

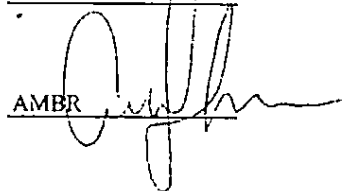
"AMBR" = Authorized Member

"MGR" = Manager

AMBR


AMBR


AMBR


AMBR

Name and Address:

HAROLD CHENOWETH
2710 PEMBERTON DRIVE
APOPKA, FL 32703

PAMELA CHENOWETH
2710 PEMBERTON DRIVE
APOPKA, FL 32703

COLE CHENOWETH
2710 PEMBERTON DRIVE
APOPKA, FL 32703

COURTNEY LOSCHIAVO
2710 PEMBERTON DRIVE
APOPKA, FL 32703

(Use attachment if necessary) Please see attached for additional AMBR

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.


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)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP 24 AM 8:20

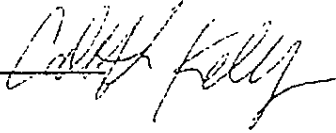
FILED

ARTICLE IV (Continued) –

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

Title:

AMBR



Name and Address:

CALLISTA KELLY

2710 PEMBERTON DRIVE

APOPKA, FL 32703

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TALLAHASSEE, FL

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