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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

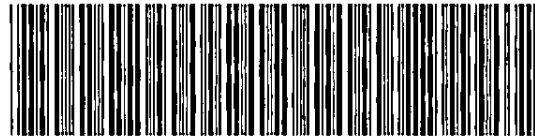
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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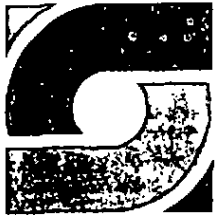


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE
OCT 12 2020



**CLARK, CAMPBELL,
LANCASTER & MUNSON, P.A.**
ATTORNEYS AT LAW

PETER J. MUNSON

Attorney

pmunson@cclmlaw.com

September 15, 2020

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BOARD CERTIFICATIONS:

1. REAL ESTATE 2. TAX LAW
3. CITY, COUNTY & LOCAL GOVERNMENT

Florida Department of State
New Filing Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Old World Artisans North America LLC

Gentlemen:

Enclosed for filing please find an original and one copy of Articles of Organization with acceptance of resident agent. A check in the amount of \$125.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing to our office. A self-addressed stamped envelope is enclosed.

Thank you for your assistance with this request.

Sincerely,

Lois A. Hart, Legal Assistant to
Peter J. Munson, Esquire

LAH/s

Enclosures

COVER LETTER

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

SUBJECT: Old World Artisans North America 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:

Peter J. Munson, Esquire

Name of Person

Clark Campbell Lancaster & Munson P.A.

Firm/Company

500 S. Florida Avenue, Suite 800

Address

Lakeland, Florida 33801

City/State and Zip Code

phillip@oliveraconstruction.com

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

For further information concerning this matter, please call:

Peter J. Munson 863 647-5337
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION

OF

OLD WORLD ARTISANS NORTH AMERICA LLC

The undersigned for the purpose of forming a limited liability company pursuant to Chapter 605, Florida Statutes, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **OLD WORLD ARTISANS NORTH AMERICA LLC**.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the mailing address of the Company in Florida shall be 5151 South Lakeland Drive, Suite #8, Lakeland, Florida 33813.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Felipe L. Olivera, 5151 South Lakeland Drive, Suite #8, Lakeland, Florida 33813.

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, Florida Statutes.


FELIPE L. OLIVERA, Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE IV – MANAGEMENT

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

TITLE

NAME AND ADDRESS

"MGR" = Manager

Shane McCawley
5151 South Lakeland Drive, Suite #8
Lakeland, Florida 33813

ARTICLE V - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE VI - ADDITIONAL MEMBERS

(i) The Members may admit to the Company additional Member(s) to participate in the profits, losses, available cash flow, and ownership of the assets of the Company on such terms as are determined by all of the Members, (ii) admission of any such Additional Member(s) requires the written consent of all Members, and (iii) any Additional Members are allocated gain, loss, income or expense by the method provided in these Regulations, and if no method is specified, then as may be permitted by Section 706(d) of the Code.

ARTICLE VII - CONTINUATION OF BUSINESS

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the

limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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


Shane McCawley, Manager

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TALLAHASSEE, FLORIDA