

L21000015466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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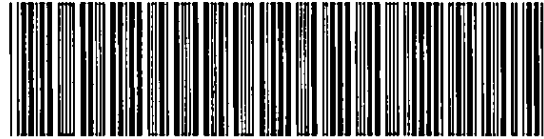
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CAN 2-1-2021

T. SCOTT



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FALL HASSEN, PLUMMER

2021 JAN 19 AM 10:35

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2020

MARCIA L. ALBRIGHT  
151 LUCINA DR  
HYPOLUXO, FL 33462

SUBJECT: 501-507 S DIXIE HWY LLC  
Ref. Number: W20000146760

ORIGINAL  
(REVISED)

2021 JAN 19 PM 2:28

We have received your document for 501-507 S DIXIE HWY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

AMGR is not a title.,

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 420A00026284

**COVER LETTER**

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

**SUBJECT:** 501-507 S DIXIE HWY 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:

MARCIA L. ALBRIGHT

Name of Person

501-507 S DIXIE HWY LLC

Firm/Company

151 LUCINA DR

Address

HYPOLUXO, FL 33462

City/State and Zip Code

marcyfox@bellsouth.net

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

For further information concerning this matter, please call:

MARCIA ALBRIGHT      561      585-9872  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

501-507 S DIXIE HWY 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:

151 LUCINA DR  
HYPOLUXO, FL 33462

SAME

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:

MARCIA L. ALBRIGHT

Name

151 LUCINA DR

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

HYPOLUXO

FL

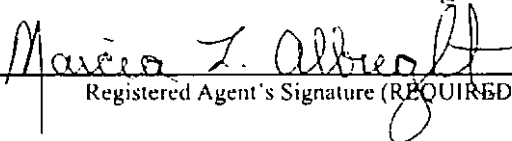
33462

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)

2021 JAN 19 AM 10:35  
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

~~AMGR~~ AMBR

Marcia L. Albright, Trustee, Edgar L. Albright and Marcia  
L. Albright Revocable Living Trust dated 6/21/2002  
151 Lucina Dr. Hypoluxo, FL 33462

MGR

same as above

151 Lucina Dr, Hypoluxo, FL 33462

Marcia L. Albright, Trustee, Edgar L. Albright and  
Marcia L. Albright Revocable Living Trust dated 6/21/2002

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2021. (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:**

Marcia L. Albright  
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.

Marcia L. Albright

Typed or printed name of signer

**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)