

L21000032813

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.

((H21000045746 3)))



H210000457463ABC\$

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

2021 FEB -2 PM 3:19

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

From: Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

2021 FEB -2 AM 11:07  
TALLAHASSEE, FLORIDA

CH FD

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**MVP Clermont, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

(((H21000045746 3)))

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MVP Clermont, 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:

Nicole M. Villaroel

Name of Person

Olive Judd, P.A.

Firm/Company

2426 East Las Olas Boulevard

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

nvillaroel@olivejudd.com

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

For further information concerning this matter, please call:

Nicole M. Villaroel

954

334-2250

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H21000045746 3)))

(((H21000045746 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MVP Clermont, 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:1615 East Highway 50Clermont, FL 347119300 Conroy Windermere RdP.O. Box 2624Windermere, FL 34786

## 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:

Olive Judd, P.A.

Name

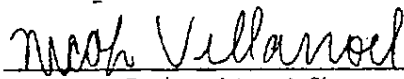
2426 East Las Olas BoulevardFlorida street address (P.O. Box **NOT** acceptable)Fort LauderdaleFL33301

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 FEB -2 AM 11:07  
 C11 ED  
 SEAL NOTED  
 TALLAHASSEE, FLORIDA

(((H21000045746 3)))

(((H21000045746 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Brian M. Jankovich

9300 Conroy Windermere Rd

P.O. Box 2624, Windermere, FL 34786

MGR

Hieu V. Jankovich

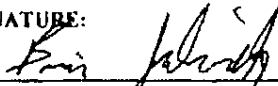
9300 Conroy Windermere Rd

P.O. Box 2624, Windermere, FL 34786

(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 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.

Brian M. Jankovich

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)

(((H21000045746 3)))