

L21000205720

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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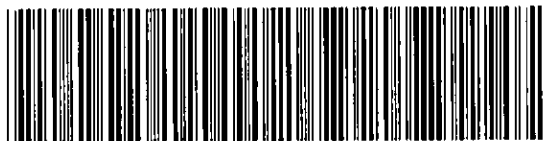
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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1. Paradise Acres – Tobe Lake, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FL

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue

Ocala, Florida 34471

PHONE (352) 732-7750

FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)
II. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III
AUSTIN T. DAILEY

May 10, 2021

**TO: Registration Section
Division of Corporation**

RE: PARADISE ACRES – TOBE LAKE, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

bigchevyboss@yahoo.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARADISE ACRES - TOBE LAKE, 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:

7337 Port Sheldon Road
Hudsonville, MI 49426

Mailing Address:

P.O. Box 550734, Ft. Lauderdale, FL 33355

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:

RONALD L. KOOIENGA

Name

17935 SE 10th Place

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

<u>Silver Springs</u>	<u>FL</u>	<u>34488</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..

Ronald L. Kooienga

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

RONALD L. KOOIENGA
7337 Port Sheldon Rd. Hudsonville, MI 49426

MGR

CELENE T. GOOD
P.O. Box 550734, Ft. Lauderdale, FL 33355

(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.

The purpose of this limited liability company is holding real estate.

REQUIRED SIGNATURE

Ronald L. Kooienga

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.

Ronald L. Kooienga

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)

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