621006206205

	(Requestor's Name)				
	/kddress)				
	(Address)				
	(City/State/Zip/Phone #)				
☐ SICK-O	WAIT MA	iL			
	(Business Entity Name)				
	Document Number)				
	(Docament Namber)				
Certified Copies	Certificates of Status				
Special instructions to Filing Officer					

Office Use Only



200365807002

05/11/21--01021--019 **375.00

2021 HAY 11 PH 1267 HAY 11 AM 10: 4

US 100

CORPORATE When ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

			VALKIN	
		PICI	K UP: Glinda	<u> </u>
		CERTIFIED COPY		
	xx	РНОТОСОРУ		
		CUS		
	XX	FILING	LLC	
1.	,	Mill Dam Territory, LLC (CORPORATE NAME AND DOCUM	MENT #)	-
2.		(CORPORATE NAME AND DOCUME	MENT #)	
3.		(CORPORATE NAME AND DOCUM	MENT #)	
4.		(CORPORATE NAME AND DOCUM	AENT #)	
5.		(CORPORATE NAME AND DOCUM	ЛЕNT #)	2021 H.A.Y
6.		(CORPORATE NAME AND DOCUM	MENT#)	
	ECIA TRU			84 :0 H8

KLEIN & KLEIN, LLC

HARVEY R. KLEIN (1922-2003) H. RANDOLPH KLEIN FRED N. ROBERTS, JR. LAWRENCE C. CALLAWAY, III AUSTIN T. DAILEY Attorneys at Law 40 Southeast 11th Avenue Ocala, Florida 34471

PHONE (352) 732-7750 FAX (352) 732-7754

May 10, 2021

TO: Registration Section

Division of Corporation

RE: MILL DAM TERRITORY, 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

2021 MAY 11 AM 10: 48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
MILL DAM TERRI	TORY, LLC					
(Must conti	ain the words "Limited	I Liability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the L	imited Liability Company is:			
Princips	l Office Address:		Mailing Add	<u>lress</u> :		
7337 Port Sheldon Re	7337 Port Sheldon Road		7337 Port Sheldon Road			
Hudsonville, MI 4942	26		Hudsonville, MI 49426			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registrati	n Registered A on.)		ndividual or		
The name and the Florida street a	ddress of the registere	d agent are:				
RONALD L. KOOIENGA						
		Name				
	17935 SE 10th Place	e				
	Florida street addre	ss (P.O. Box N	OT acceptable)			
	Silver Springs	FL	34488			
	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)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

2021 HEY 11 EM 10: