

L21000294289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

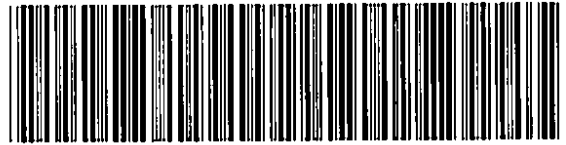
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAMINO KEY WEST, LLC

AR REMINDER: wight108@gmail.com

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
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____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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**Articles of Organization
for
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
CAMINO KEY WEST, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
108 FRONT STREET
KEY WEST, FL 33040

The mailing address of the Limited Liability Company is:
108 FRONT STREET
KEY WEST, FL 33040

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
CAROL A. WIGHTMAN
108 FRONT STREET
KEY WEST, FL 33040

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.

Registered Agent Signature: /s/ CAROL A. WIGHTMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
CAROL A. WIGHTMAN
108 FRONT STREET
KEY WEST, FL 33040

Signature of member or an authorized representative of a member:

Signature: /s/ CAROL A. WIGHTMAN

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