

L21000300493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

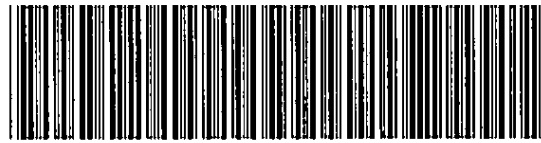
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/29/21--01020--010 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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SP 6/30/21

**COVER LETTER**

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

**SUBJECT:** JOY DRIVE ESTATES, 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:

CYNTHIA A. RAISON, TRUSTEE  
\_\_\_\_\_  
Name of Person  
  
RICHARD AND CYNTHIA RAISON JOINT REVOCABLE TRUST UTD JUNE 23, 2021  
\_\_\_\_\_  
Firm/Company  
  
4609 ROBERTS ROAD  
\_\_\_\_\_  
Address  
  
LAND O LAKES, FL 34639  
\_\_\_\_\_  
City/State and Zip Code  
  
RAISONCOPY@AOL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA RAISON      813      477-2212  
\_\_\_\_\_, 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

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee

21 JUN 29 AM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOY DRIVE ESTATE, 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:

4424 JOY DRIVE

LAND O LAKES, FL 34638

Mailing Address:

4609 ROBERTS ROAD

LAND O LAKES, FL 34639

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:

CYNTHIA RAISON

Name

4609 ROBERTS ROAD

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

LAND O LAKES

FL

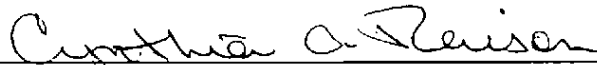
34639

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)

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TALLAHASSEE, FLORIDA

**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:**

AMBR

CYNTHIA RAISON, TRUSTEE OF THE RICHARD AND  
CYNTHIA RAISON JOINT REVOCABLE TRUST  
UTD JUNE 23, 2021

AMBR

RICHARD RAISON, TRUSTEE OF THE RICHARD AND  
CYNTHIA RAISON JOINT REVOCABLE TRUST  
UTD JUNE 23, 2021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Cynthia A. Raison

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.

CYNTHIA RAISON, TRUSTEE

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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21 JUN 29 AM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



June 23, 2021

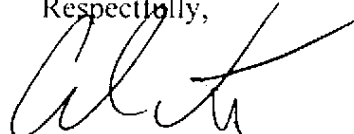
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Joy Drive Estates, LLC

Dear Sir/Madam:

Enclosed for filing please see the executed Articles of Organization for Joy Drive Estates, LLC. Also enclosed is my firm check in the amount of \$125.00 for the associated filing fees. If you have any questions, please contact my office.

Respectfully,



Calvin V. Kuenzel, Esq

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21 JUN 29 AM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314