

L21000306121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

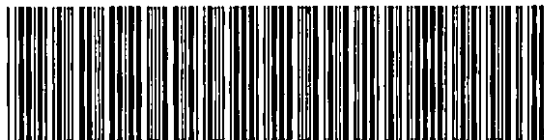
(Business Entity Name)

(Document Number)

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2021 JUN 30 AM 9:32
TALLAHASSEE, FL
STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 9073 SW 82nd Terrace, Unit D 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:

Sharon M Davis
Name of Person

Firm/Company

8711 SW 91st St, Unit A
Address

Ocala FL 34481
City/State and Zip Code

Sharonm10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon M Davis at (646) 296 2814
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9073 SW 82nd Terrace Unit D, 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:

Sharon M Davis

Same

8711 SW 91st St Unit A

Ocala FL 34481

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:

Sharon M Davis

Name

8711 SW 91st St Unit A

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

Ocala FL 34481

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..

Sharon M Davis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 JUN 30 AM 9:32

TALLAHASSEE, FL

