

L21000310635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

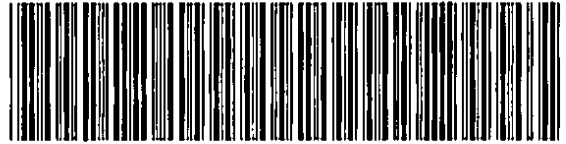
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STONY BROOK, NY
FALL HAVEN, NY

FILED

SB
7/8/21

COVER LETTER

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

SUBJECT: Flowering Plam, 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:

Claudia De Jesus

Name of Person

The Mattar Firm, P.C.

Firm/Company

27499 Riverview Center Blvd. Suite 245

Address

Bonita Springs, Florida 34134

City/State and Zip Code

shirley@williammattar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia De Jesus

239

222-2222

Name of Person

at (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

21 JUL - 7 PM 5:16
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flowering Palm, 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:

27499 Riverview Center Blvd. Suite 242
Bonita Springs, Florida 34134

Mailing Address:

27499 Riverview Center Blvd. Suite 242
Bonita Springs, Florida 34134

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:

Claudia De Jesus

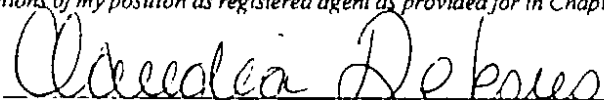
Name

27499 Riverview Center Blvd. Suite 242

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

| | | |
|-----------------------|----------------|--------------|
| <u>Bonita Springs</u> | <u>Florida</u> | <u>34134</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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
21 JUL -7 PM 6:16
ST. JAMES
TALLAHASSEE, FL

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/MGR

William K. Mattar

27499 Riverview Center Blvd. Suite 242

Bonita Springs, Florida 34134

AMBR

Alex P. Alexander

73 Birdsong Circle

East Amherst, New York 14051

AMBR

Paulette M. Alexander

73 Birdsong Circle

East Amherst, New York 14051

(Use attachment if necessary)

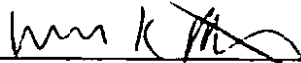
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

William K. Mattar, AMBR/MGR

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)

FILED
21 JUL -7 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLA.

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/MGR

William K. Mattar
27499 Riverview Center Blvd. Suite 242
Bonita Springs, Florida 34134

AMBR

Kathleen M. Mattar
27499 Riverview Center Blvd. Suite 242
Bonita Springs, Florida 34134

AMBR

Deborah Ann Arias
26580 Hickory Blvd.
Bonita Springs, Florida 34134

AMBR

Anthony William Arias
26580 Hickory Blvd.
Bonita Springs, Florida 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED