

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002944913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COURT ACCESS CENTERS OF AMERICA

Account Number : 075350000541 Phone : (813)875-1333 Fax Number : (813)200-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: wrc.croninace@gmail.com

FLORIDA LIMITED LIABILITY CO.

Willaine STJ LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: John Gurba

DocuSign Envelope ID: 846C2947-CC99-41C1-8692-296FD296AE06

Audit # H21000294491

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Willaine STJ LLC

The mailing address and street address of the Limited Liability Company are:

904 Brookbaven Dr. St Augustine, FL 32092

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

[•]This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 13046 Race Track Road., Suite 131, Tampa, FL 33626., 813-875-1333.

To: 18506176381

Page: 3 of 4

2021-08-06 14:35:55 GMT

18132001050

From: John Gurba

DocuSign Envelope ID: 846C2947-CC99-41C1-8692-296FD296AE06

Audit # H21000294491

ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

904 Brookhaven Dr. St Augustine, FL 32092

and the name of its registered agent at such address is:

William R. Cronin

ARTICLE VI Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address

William R. Cronin, Authorized Member 904 Brookhaven Dr. St Augustine, FL 32092

Elaine Cronin, Authorized Member 904 Brookhaven Dr. St Augustine, FL 32092

Dated: Thursday, August 05, 2021	Million P. from in
	William R. Cronin
	William R. Cronin, Authorized 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.

DocuSign Envelope ID: 846C2947-CC99-41C1-8692-296FD296AE06

Audit # H21000294491

ACCEPTANCE BY REGISTERED AGENT

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..

	DocuSigned by:
Date: August 5, 2021	William R. Cronin
	William R. Cronin