

L210000357234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

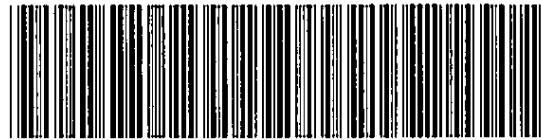
(Business Entity Name)

(Document Number)

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10:07  
11:07  
12:07

**COVER LETTER**

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

**SUBJECT:** RE MARIGOLD TREASURE IV, 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:

JENNIFER G. LEE, ESQ.

Name of Person

LAW OFFICE OF HAROLD H. WEISMAN, PA

Firm/Company

14416 S. MILITARY TRAIL

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

ph1521@verizon.net

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

For further information concerning this matter, please call:

JENNIFER G. LEE, ESQ

561

498-0017

at ( )

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

**ARTICLES OF ORGANIZATION  
OF  
RE MARIGOLD TREASURE IV, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **RE Marigold Treasure IV, LLC** ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
14331 Nottingham Way Circle  
Orlando, Florida 32828

Mailing Address:  
14331 Nottingham Way Circle  
Orlando, Florida 32828


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**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENTS SIGNATURE**

The name and the Florida street address of the registered agent are:

Regina Strelecki  
14331 Nottingham Way Circle  
Orlando, Florida 32828

*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.*

  
\_\_\_\_\_  
Regina Strelecki

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

Regina Strelecki  
14331 Nottingham Way Circle  
Orlando, Florida 32828

#### 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.

Regina Strelecki

Typed or printed name of signer