

L210000357236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

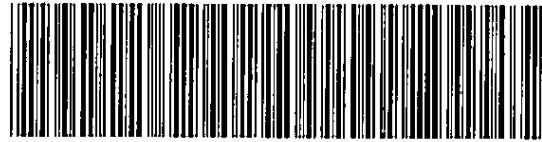
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 08/06/21

COVER LETTER

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

SUBJECT: RE MARIGOLD TREASURE II, 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:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 II, LLC**

ARTICLE I - NAME

The name of the limited liability company is **RE Marigold Treasure II, 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

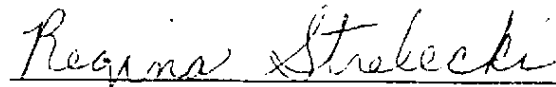
Mailing Address:
14331 Nottingham Way Circle
Orlando, Florida 32828

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S 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