

L21000388243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

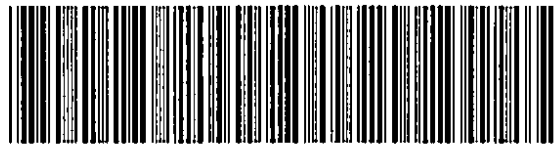
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
THE VILLES REAL ESTATE, LLC**

ARTICLE I

The name of the Limited Liability Company is The Villes Real Estate, LLC.

ARTICLE II

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

Principal Office Address:
401 Highway A1A, Unit 151
Satellite Beach, Florida 32937

Mailing Address:
401 Highway A1A, Unit 151
Satellite Beach, Florida 32937

ARTICLE III

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

Barbara Nagaraj
401 Highway A1A, Unit 151
Satellite Beach, Florida 32937

ARTICLE IV

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

Title: Member
Name: Angela Bender
Address: 10207 Woodview Way
Brecksville, Ohio 44141

Title: Member
Name: Neil Nagaraj
Address: 5038 Wolfpen Woods Drive
Prospect, Kentucky 40059

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TALLAHASSEE, FL

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.

Signee's Signature: Angela Bender

Printed name of signee: Angela Bender

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: Barbara Nagaraj
Printed name of Registered Agent: Barbara Nagaraj

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Friendship Missionary Baptist Church Incorporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Harold C. Stallworth
Name (Printed or typed)

1203 Orange Avenue
Address

St. Cloud, Florida 34769
City, State & Zip

407-433-5629
Daytime Telephone number

lethakeshia@hotmail.com

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

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TALLAHASSEE, FL

NOTE: Please provide the original and one copy of the articles.