

L21000472354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

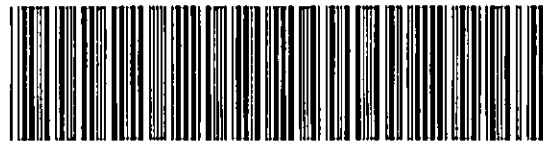
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**COVER LETTER**

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

**SUBJECT:** ZUMWALDE PROPERTIES, 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:

STEVEN C. ZUMWALDE

Name of Person

NA

Firm/Company

37 VILLAGE DRIVE

Address

ORMOND BEACH/FLORIDA 32174

City/State and Zip Code

stevezumwalde@outlook.com

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

For further information concerning this matter, please call:

STEVEN ZUMWALDE      386      562-6089  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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:**

<u>MGR</u>	<u>RICHARD T. ZUMWALDE</u> <u>2967 INDIAN HILL DRIVE</u> <u>JACKSONVILLE, FL 32257</u>
<u>AMBR</u>	<u>STEVEN C. ZUMWALDE</u> <u>37 VILLAGE DRIVE</u> <u>ORMOND BEACH, FL 32174</u>
<u>AMBR</u>	<u>ANTHONY L. ZUMWALDE</u> <u>2260 TREASURE POINT RD</u> <u>GREEN COVE SPRINGS, FL 32043</u>
<u>AMBR</u>	<u>SUSAN K. POWERS</u> <u>43493 MILLWRIGHT TERR</u> <u>LEESBURG, VA 20176</u>

(Use attachment if necessary)

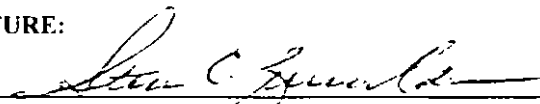
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

STEVEN C. ZUMWALDE

Typed or printed name of signer

**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)