

C21000500034

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : WALSH BANKS LAW
Account Number : I20210000008
Phone : (407) 259-2426
Fax Number : (407) 391-3626

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

Email Address: service@walshbanks.com

**FLORIDA LIMITED LIABILITY CO.
US 27 LAKE WALES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

[Handwritten signature]

2007 NOV 23 PM 1:03
F-1-170

2007 NOV 23 PM 1:03

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: US 27 LAKE WALES 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.

BRIAN M. WALSH

Name of Person

Walsh Banks Law

Firm/Company

PO Box 2271

Address

Orlando, FL 32802

City/State and Zip Code

SERVICE@WALSHBANKS.COM

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

For further information concerning this matter, please call.

Brian M. Walsh, Esq

407

259-2426

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

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Robert White

c/o 228 Hillcrest St

Orlando, FL 32801

(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.

Brian Walsh

Typed or printed name of signee

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)