

L21000515220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

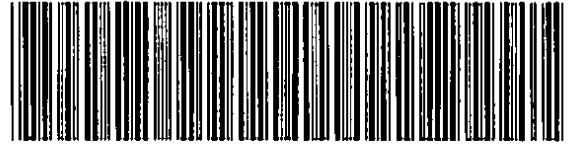
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



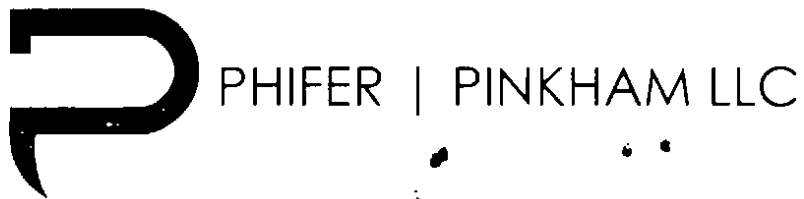
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2021 DEC -6 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH

8 2021



November 30, 2021

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 7150 Sandalwood Drive, LLC

Dear Sir/Madam:

In regards to the above-referenced LLC, enclosed please find the following:

1. Articles of Organization for Florida Limited Liability Company; and
2. Check in the amount of \$125.00.

Please file in your usual manner.

Please do not hesitate to contact me with any questions or concerns.

Very truly yours,
Phifer Pinkham, LLC

A handwritten signature in black ink, appearing to read 'Kayla N. Perry'.

Kayla N. Perry
Enclosures
KNP/ams

cc: Waldo N. Roby, Jr., Manager
J. Keith Phifer

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 7150 Sandalwood Drive, 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:

Kayla N. Perry

Name of Person

Phifer Pinkham, LLC

Firm/Company

1900 Crown Colony Drive, Suite 309

Address

Quincy, MA 02169

City/State and Zip Code

kperry@phiferpinkham.com

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

For further information concerning this matter, please call:

Kayla N. Perry

617

409-7409

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7150 Sandalwood Drive, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7150 Sandalwood Drive
Port Richey, FL 34668

Mailing Address:

7150 Sandalwood Drive
Port Richey, FL 34668

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Karen E. Peyton

Name

7544 Lake Forest Circle

Florida street address (P.O. Box **NOT** acceptable)

Port Richey

Florida

34668

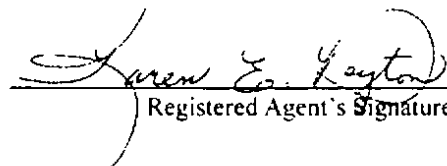
City

State

Zip

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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 (REQUIRED)

(CONTINUED)

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:

Manager

Waldo N. Roby, Jr.
4 Clear Pond Road
Lakeville, MA 02347

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TALLAHASSEE, FLORIDA

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(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 of 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.

Waldo N. Roby, Jr.

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)