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PICK-UP WAIT MAIL
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. O'KEEFE FEB - 1 2022

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DeHart Estates, Luc 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:
Brandon DeHart Name of Person
Firm/Company
19010 New Passage Blvd.
Land O Lakes FL 34038 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth DeHart an (404) (097-0412
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee &

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 FOR FLORIDA LIMITED LIABILITY COMPANY

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

Principal Office Address:	<u>Maning Address</u> :
19010 New Pressure Blvd.	
Land O Lakes FL 34638	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot some as its own Registered Agent, You must designed

(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:

Brandon DeHart

19010 New Passage Rivid.
Florida street address (P.O. Box NOT acceptable)

Land O Lakes FL 34638
City State Zip

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:	Name and Address:	
"AMBR" = Authorized "MGR" = Manager AMBR	Elizabeth DeHart 1900 New Passage Blid. Land C. Lakes, FV 34(638	
<u> </u>		
(Use attachment if nece	ary)	
(If an effective date is listed, the the date of filing.)	cr than the date of filing:	
ARTICLE VI: Other provisions.	any.	
REQUIRED SIGNAT	RE: P	
This do I am aw	mature of a member or an authorized representative of a member, ment is executed in accordance with section 605,0203 (1) (b), Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.	
-	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)

S 5.00 Certificate of Status (Optional)

SECRETARY OF STATE