

L220000038137

(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:

W22000005108

Office Use Only



600379251326

01/10/22--01024--030 **150.00

[Signature]
2/3/22

FILED
2022 JAN 28 PM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2022

SHAWNA CALVERT
713 ISLEBAY DR
APOLLO BEACH, FL 33572

SUBJECT: 527 PARADISE, LLC
Ref. Number: W22000005108

We have received your document for 527 PARADISE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 122A00001182

RECEIVED
JAN 14 2022
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RECEIVED
JAN 14 2022
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2022 JAN 28 PM 10:25

RECEIVED
JAN 14 2022
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 527 Paradise, 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:

Shawna Calvert
Name of Person

Calvert Real Estate LLC
Firm/Company

713 Islebay Drive
Address

Apollo Beach FL 33572
City/State and Zip Code

Shawna@relocatingtoparadise.com
E-mail address: (to be used for future annual report notification) (No spaces!)

For further information concerning this matter, please call:

Shawna Calvert 509 294-6818
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

FILED
2022 JAN 28 PM 10:25
SECRETARY'S OFFICE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

527 Paradise 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:

- same -

Mailing Address:

713 Islebay Dr
Apollo Beach FL
33572

713 Islebay Dr
Apollo Beach FL
33572

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:

Shawna Colvert
Name

713 Islebay Dr
Florida street address (P.O. Box **NOT** acceptable)
Apollo Beach FL 33572
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.

Shawna Colvert
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JAN 26 PM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Shawna Colvert
713 Islebay Dr
Apollo Beach FL 33572

AMBR

Gregg Colvert
713 Islebay Dr
Apollo Beach FL 33572

MGR

Shawna Colvert
713 Islebay Dr
Apollo Beach FL 33572

MGR

Gregg Colvert
713 Islebay Dr
Apollo Beach FL 33572

(Use attachment if necessary) See Attachment

ARTICLE V: Effective date, if other than the date of filing: 1 Feb 2022 (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:

Shawna Colvert

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.

Shawna Colvert

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)

2022 JAN 28 PM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL
9 1 2022

Attachment

MGR.

Robin Sitz

2367 W SR 110

Rochester In 46975-

Nothing Follows

1000

2022 JAN 28 PM 10:25

SECRETARY OF
TALLAHASSEE