

L220 0004 9232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

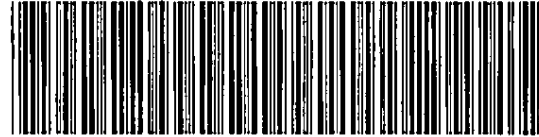
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100380068461

01/25/22--01002--026 \*\*125.00

FILED

2022 JAN 25 PM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

FEB - 9 2022

✓

**COVER LETTER**

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

**SUBJECT:** SPLASH 1803W, 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:

DAVID A. NETBURN, ESQUIRE  
Name of Person

ROLNICK & NETBURN  
Firm/Company

5521 N. UNIVERSITY DRIVE, STE. 204  
Address

CORAL SPRINGS, FL 33067  
City/State and Zip Code

MLytle99@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID A. NETBURN 954 346-5001  
Name of Person at (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPLASH 1803W, 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:

Mailing Address:

5081 NW 86th WAY

CORAL SPRINGS, FL 33067

5081 NW 86th WAY

CORAL SPRINGS, FL 33067

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:

DAVID A. NETBURN, ESQUIRE

Name

5521 N. UNIVERSITY DRIVE, STE. 204

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

CORAL SPRINGS

FL

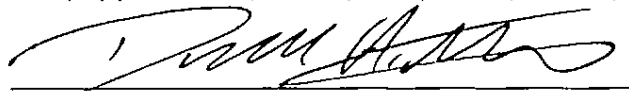
33067

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)

FILED  
2022 JAN 25 PM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

Mark Lytle, Co-Trustee

Lytle Family Revocable Living Trust u/t/a 09/10/2007

5081 NW 86th Way, Coral Springs, FL 33067

MGR

Kathy Lytle, Co-Trustee

Lytle Family Revocable Living Trust u/t/a 09/10/2007

5081 NW 86th Way, Coral Springs, FL 33067

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

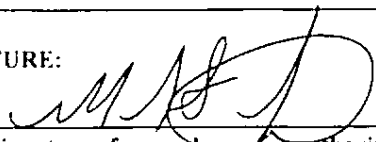
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL) \_\_\_\_\_ or 90 days after the date of filing.)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document 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.

MARK F. LYTLE

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)

FILED  
2022 JAN 25 PM 7:08  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA