

L220000050634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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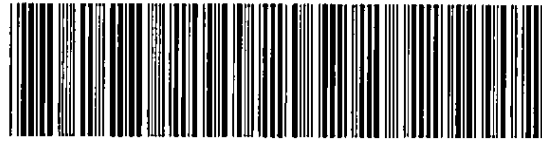
(Business Entity Name)

(Document Number)

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**DATE: 2/9/2022**

**NAME: METRO WEST PLAZA LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: METRO WEST PLAZA, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 13506 Summerport Village Pkwy., Ste 802, Windermere, FL 34786

b: Street Address: 13506 Summerport Village Pkwy., Ste 802, Windermere, FL 34786

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

William Oleyar

Name

13506 Summerport Village Pkwy, Suite 802

Florida street address (Post Office Box **NOT** acceptable)

Windermere, FL 34786

City, State and 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

**ARTICLE IV – Management (Check applicable box)**

☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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**ARTICLE V –**

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

William Oleyar  
13506 Summerport Village Pkwy., Ste 802  
Windermere, FL 34786

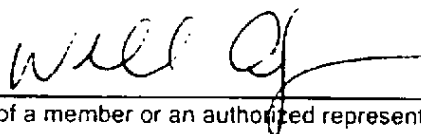
MGR

Heather Oleyar  
13506 Summerport Village Pkwy., Ste 802  
Windermere, FL 34786

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
William Oleyar

Typed or printed name of signee