# L22000160820

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DATE: 04/12/22

NAME: 6620 ESTERO BLVD UNIT 1003, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2022

FLORIDA FILING

SUBJECT: 6620 ESTERO BLVD UNIT 1103, LLC

Ref. Number: W22000049228

We have received your document for 6620 ESTERO BLVD UNIT 1103, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 722A00008584

please keep original file date.
Thank you!

### **COVER LETTER**

TO:

**New Filing Section Division of Corporations** 

6620 ESTERO BLVD UNIT 1103, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S	ARAH E. MILLE	:R						
	Name of Person							
ł	6620 ESTERO BLVD UNIT 1103, LLC							
_			Firm/Con	ıpany				
P	O. BOX 106							
_			Addre	55				
R	OSSVILLE, PA	17358	•					
_		(	City/State and	Zip Code				
	E-mail	address: (to be used	l for future an	nual report notificati	on)			
For further info	rmation concerni	ng this matter, pleas	e call:					
М	ICHAEL L. SOL	OMON 7	17	234-5530				
_	Name of Pe		rea Code	Daytime Telephon	e Number			
Enclosed is a	check for the follo	owing amount:						
□\$125.00 Fi		130.00 Filing Fee & tificate of Status	Certifie	.00 Filing Fee & d Copy I 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 FLORIDALIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 12 AM 9: 50

# 6620 ESTERO BLVD UNIT 1103, LLC

SECRÉTARY DE STATE TALLAHASSEE, FL

(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:		
525 Lisburn Road	525 Lisburn Road		
Wellsville PA 17365	Wellsville, PA 17365		

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:

REGISTERED AGEN	IT SOLUTIONS, I	NC.
	Name	
155 OFFICE PLAZA	DRIVE, SUITE A	
Florida street address	(P.O. Box NOT ac	cceptable)
TALLAHASSEE	FL	32301
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	ĮV-
T1	

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	SARAH E. MILLER
	P.O. BOX 106
	ROSSVILLE, PA /7358
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(Use attachment if necessary)	r. <b>©</b>
If an effective date is listed, the date must be he date of filing.)  Note: If the date inserted in this block does the document's effective date on the Department.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a sent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
South	E Miles
Signature of s	member or an authorized representative of a member.
This document is ex	ecuted 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 de	gree felony as provided for in s.817.155, F.S.
PARALL P. A.	W I Co
SARAH E. M	Typed or printed name of signee
	r Abort or briting traine or statice

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)