

L22000 178023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

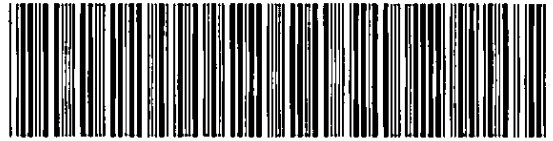
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2022 APR 29 PM 4:10  
SECRETARY'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2022 APR 29 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 4/29 DANNY

**CERTIFIED COPY** \_\_\_\_\_  
**XX PHOTOCOPY** \_\_\_\_\_  
**CUS** \_\_\_\_\_  
**XX FILING** **LLC** \_\_\_\_\_

- 1. 100 BLEACHERY CT, LLC  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

FCA000000011  
\$125.00  
Alma B

**COVER LETTER**

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

**SUBJECT:** 100 BLEACHERY CT, 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:

ROBERT SALTSMAN  
\_\_\_\_\_  
Name of Person

ROBERT P. SALTSMAN, P.A.  
\_\_\_\_\_  
Firm/Company

P.O. BOX 2146  
\_\_\_\_\_  
Address

WINTER PARK, FL. 32790  
\_\_\_\_\_  
City/State and Zip Code

JUDY@SALTSMANPA.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SALTSMAN      407      647-2899  
\_\_\_\_\_  
Name of Person      at (      )      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:

100 BLEACHERY CT, 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:

8520 BAY HILL BLVD.

ORLANDO, FL 32819

8520 BAY HILL BLVD.

ORLANDO, FL 32819

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:

MICHAEL V CAPONE

Name

8520 BAY HILL BLVD.

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

ORLANDO

FL

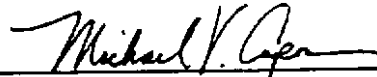
32819

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)

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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

OCEAN STATE GROUP, LLC  
8520 BAY HILL BLVD.  
ORLANDO, FL 32819

\_\_\_\_\_

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

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

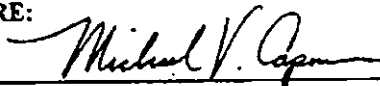
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

MICHAEL V CAPONE

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)