Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303 Fax Number : (239)262-6030

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Email Address: conrad@swfloridalaw.com

# FLORIDA LIMITED LIABILITY CO.

19fruitridge, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Corporate Filing Menu

Help

### **COVER LETTER**

TO: Registration Section Division of Corporations  19 fruitridge, LLC  SUBJECT: 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:  Conrad Willkomm Esq.  Name of Person  Law Office of Conrad Willkomm, P.A.  Firm/Company  3201 Tamiami Trail N, 2nd Floor  Address  Naples, FL 34103  City/State and Zip Code  conrad@swfloridalaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Zalman Cole, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed)	.*		•		•
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Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fax: 12392626030

19fruitridge, LLC

(Must end with 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:

<u>Principal</u>	Office Ad	dress:	-	Mailing Address:	
1968 Fruitridge Street			 . 1	10940 Trinity Parkway, Ste C 160	
Brandon, FL 33510				Stockton, CA 95219	

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:

Law Office of Conr		
	Name	-
3201 Tamiami Trail	N, 2nd Floor	
Florida street addre	ss (P.O. Box NOT acc	eptable)
		•
Naples	Florida	. 34103

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)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Julia S. Khade	•
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	Stockton, CA 95209	٠.
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