

L220000291203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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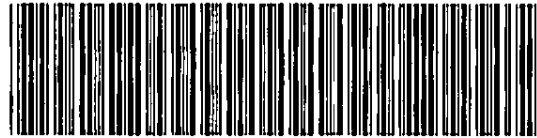
(Business Entity Name)

(Document Number)

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JULIA A. GRIFFIN

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ESSENSON LAW FIRM
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2071 MAIN STREET
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June 13, 2022

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization for Camachee Inn 16 LLC

Dear Sir/Madam:

With reference to the above matter, this firm is Legal Counsel to Laura S. Lucas and Joseph J. Lucas. In connection therewith, enclosed are the following:

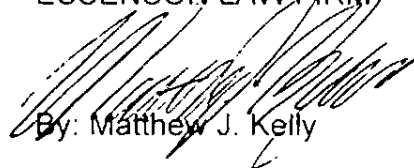
1. Cover Letter;
2. Original Articles of Organization for Camachee Inn 16 LLC and Designation of Registered Agent; and
3. This firm's trust check #2008 in the amount of \$125.00, made payable to Florida Department of State.

Please file the original Articles of Incorporation for Camachee Inn 16 LLC and forward your letter of acknowledgment to this office in the stamped addressed envelope enclosed for your convenience.

Please contact our office if you need any other information in order to process this request.

Very truly yours,

ESSENSON LAW FIRM


By: Matthew J. Kelly

MJK/dw

Enclosures

cc: Laura and Joseph Lucas

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COVER LETTER

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

SUBJECT: Camachee Inn 16 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:

Laura S. Lucas and Joseph J. Lucas

Name of Person

Camachee Inn 16 LLC

Firm/Company

3625 Longmeadow #40, BLD 5

Address

Sarasota, Florida 34235

City/State and Zip Code

laurasulu@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Lucas

941

806-7782

at ()

Name of Person

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

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JULIA A. BROWN
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Camachee Inn 16 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:

3625 Longmeadow #40, BLD 5
Sarasota, FL 34235

Mailing Address:

3625 Longmeadow #40, BLD 5
Sarasota, FL 34235

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:

Essenson Law Firm

Name

2071 Main Street

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

Sarasota

FL

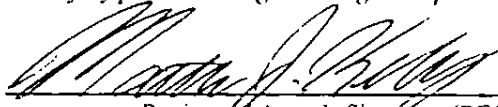
34237

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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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:

AMBR _____

Laura S. Lucas
3625 Longmeadow #40, BLD 5
Sarasota, FL 34235

AMBR _____

Joseph J. Lucas
3625 Longmeadow #40, BLD 5
Sarasota, FL 34235

(Use attachment if necessary)

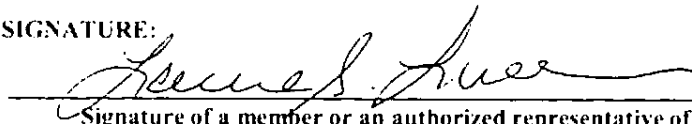
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Laura S. Lucas

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)

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