

L22000294069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

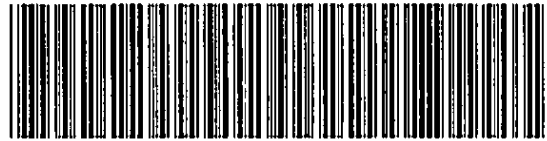
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/16

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STRAUSS TROY

attorneys at law

Andrea Sweeney
(513) 768-9708
ajsweeney@strausstroy.com

June 16, 2022

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

**RE: Articles of Organization
Mermaid Cove Vacation Rental, LLC**

Dear Clerk:

Enclosed, please find the original Articles of Organization for Mermaid Cove Vacation Rental LLC. I have also enclosed a check in the amount of \$160.00 for the filing fee. Please file this with your office and return a file stamped copy for our records in the envelope provided.

If you should have any questions or concerns, please do not hesitate to call our office.

Sincerely,

STRAUSS TROY

Andrea Sweeney

Andrea Sweeney
Paralegal

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mermaid Cove Vacation Rental, 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:

Joy L. Hall, Esq.

Name of Person

Strauss Troy Law Firm

Firm/Company

50 East River Center Blvd., Suite 1400

Address

Covington, KY 41011

City/State and Zip Code

JLHALL@STRAUSSTROY.COM

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

For further information concerning this matter, please call:

Joy L. Hall, Esq.

513

629-9484

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mermaid Cove Vacation Rental, 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:

622 SW Santa Barbara Place
Cape Coral, FL 33991

Mailing Address:

1016 Markel Road
Cincinnati, OH 45230

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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..

C T Corporation System

By: Nichol McCroy

Nichol McCroy, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:

MGR

Stuart P. Scheller

1016 Markel Road

Cincinnati, OH 45230

AMBR

Catherine Scheller

1016 Markel Road

Cincinnati, OH 45230

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TALNINSEE, FLORIDA

(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.

Stuart P. Scheller

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)