# L22000297989

| (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: |
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# **COVER LETTER**

| TO:                                     | New Filing Sec<br>Division of Cor |   |               |   |  |                  |              |
|---|-----------------------------------|---|---------------|---|--|------------------|--------------|
| SUBJEC                                  | Orlando P\                        | W.LLC   |               |   |  |                  |              |
|   |                                   | Name of L                                     | imited Liabil | lity Company  |  |                  |              |
| The encl                                | losed Articles of                 | Organization and fee(s)                       | are submitted | for filing.   |  |                  |              |
| Please re                               | eturn all correspo                | ondence concerning this r                     | natter to the | following:  |  |                  |              |
|   | Bonnie L Jo                       | nes   |               |   |  |                  |              |
|   | <del></del>                       | · · · · · · · · · · · · · · · · · · ·         | Name of       | Person  | <u> </u>   |                  | <del>-</del> |
|   |                                   |   |               |   |  |                  |              |
|   |                                   |   | Firm/Co       | ompany  |  |                  |              |
|   | 2250 Lec Ro                       | oad STE 98                                    |               |   |  |                  |              |
|   |                                   |   | Addı          | ress  |  | <del></del>      | _            |
|   | Winter Park                       | . FI 32789                                    |               |   |  | 1                | 2635         |
|   | 11: 1050                          |   | City/State an | nd Zip Code   |  | · ·              |              |
|   | nubbin1950@                       | Boutlook.com E-mail address: (to be use       | ad for future | annual report polificati                                | (on)   | <del></del>      | -27          |
|   |                                   |   |               | annual report nouncau                                   | on)  |                  | PH           |
| For furthe                              | r information co                  | ncerning this matter, plea                    | ise call:     |   |  | [ [              | مُن          |
|   | Bonnie L Jor                      | nes at (                                      | 407           | 629-1707  |  | F :_             | 08           |
|   | Nam                               | ne of Person                                  | Area Code     | Daytime Telephon  | e Number   |                  |              |
| Enclose                                 | d is a check for t                | he following amount:                          |               |   |  |                  |              |
|   |                                   | ■\$130.00 Filing Fee of Certificate of Status | Certifi       | i5.00 Filing Fee &<br>ied Copy<br>ial copy is enclosed) | \$160.00<br>Certificate<br>Certified C<br>(additional co | of Status<br>opy | &            |
|   | <u>Mailir</u>                     | ng Address                                    |               | Street Address  |  |                  |              |
| New Filing Section                      |                                   |   |               | New Filing Section D                                    |  |                  |              |
| - · · · · · · · · · · · · · · · · · · · |                                   |   |               | The Centre of Tallaha<br>2415 N. Monroe Stre            |  |                  |              |
|   |                                   | assee, FL 32314                               |               | Tallahassee, FL 3230                                    | <b>-</b>   |                  |              |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (M)  | LLC  | The Comment of the manufacture of the comment of th |              |
|--|--|--|--------------|
| <b>\</b> '-  | ust contain the words "Limited Liab  | ility Company, "L.L.C.," or "L   | LC.")        |
| TICLE II - Address   | :  |  |              |
| e mailing address and  | street address of the principal office   | of the Limited Liability Comp  | any is:      |
| ]  | Principal Office Address:  | <u>Mai</u>   | ing Address: |
| 2250 Lee Rd  | STE 98   | 2250 Lee Rd STE 9  | 8            |
| Winter Park, Fl 32789  |  | Winter Park, Fl 32789  |              |
| TICLE III - Registe<br>e Limited Liability C<br>ther business entity v     | red Agent, Registered Office, & Rompany cannot serve as its own Regwith an active Florida registration.)   | egistered Agent's Signature:<br>cistered Agent. You must design  |              |
| RTICLE III - Registe<br>ne Limited Liability C<br>other business entity to | red Agent, Registered Office, & Rompany cannot serve as its own Regwith an active Florida registration.)  a street address of the registered age   | egistered Agent's Signature:<br>cistered Agent. You must design  |              |
| RTICLE III - Registe the Limited Liability Cother business entity to       | red Agent, Registered Office, & Rompany cannot serve as its own Regwith an active Florida registration.) a street address of the registered age Bonnie L Jones                             | egistered Agent's Signature:<br>cistered Agent. You must design  |              |
| RTICLE III - Registe the Limited Liability Cother business entity to       | red Agent, Registered Office, & Rompany cannot serve as its own Regwith an active Florida registration.) a street address of the registered age Bonnie L Jones                             | egistered Agent's Signature:<br>pistered Agent. You must design<br>nt are:   |              |
| RTICLE III - Registe the Limited Liability Cother business entity to       | red Agent, Registered Office, & Rompany cannot serve as its own Registration.)  a street address of the registered age  Bonnie L Jones  Na  2250 Lee Rd STE 98                             | egistered Agent's Signature:<br>pistered Agent. You must design<br>nt are:   |              |
| RTICLE III - Registe the Limited Liability Cother business entity to       | red Agent, Registered Office, & Rompany cannot serve as its own Registration.)  a street address of the registered age  Bonnie L Jones  Na  2250 Lee Rd STE 98  Florida street address (P. | egistered Agent's Signature:<br>gistered Agent. You must design<br>nt are:   |              |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

| Title: "AMBR" = Authorized Member "MGP" = Manager              | Name and Address:   |            |  |  |  |
|--|---|------------|--|--|--|
| "MGR" = Manager<br>MGR   |   |            |  |  |  |
| MOR  | Bonnie L Jones  |            |  |  |  |
|  | 2250 Lec Rd Ste 98 Winter Park fl 32789                               |            |  |  |  |
|  |   |            |  |  |  |
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|  |   | <b>.</b>   |  |  |  |
|  |   | 022 JUN 27 |  |  |  |
| (Use attachment if necessary)                                  |   |            |  |  |  |
| CLE V: Effective date, if other than the date                  | CONTRACTOR (CORTICOLOR)   |            |  |  |  |
| ffective date is listed, the date must be spe                  | cific and cannot be more than five business days prior to or 90 c     |            |  |  |  |
| e of filing.)<br>If the date inserted in this block does not m | neet the applicable statutory filing requirements, this date will not | 16         |  |  |  |
| cument's effective date on the Department                      | of State's records  |            |  |  |  |
| CLE VI: Other provisions, if any.                              |   | <b>≫</b>   |  |  |  |
|  |   |            |  |  |  |
|  |   |            |  |  |  |
| REOUIRED SIGNATURE:  |   |            |  |  |  |
| Bamie  | Longs   |            |  |  |  |
|  | mber or an authorized representative of a member.                     |            |  |  |  |

constitutes a third degree felony as provided for in s.817.155, F.S.

Bonnie L Jones

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)