

L22000304489

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.
Account Number : I20220000030
Phone : (407)647-2777
Fax Number : (407)647-2157

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pdietrich@maynardcooper.com

FLORIDA LIMITED LIABILITY CO.
596 Haverty Court Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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July 8, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

SUBJECT: 596 HAVERTY COURT PARTNERS, LLC
REF: W22000089928

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

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COVER LETTER

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

SUBJECT: 596 Haverty Court Partners, 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:

D. Paul Dietrich II
Name of Person
Maynard Cooper & Gale, P.C.
Firm/Company
200 E. New England Avenue, Suite 300
Address
Winter Park, FL 32789
City/State and Zip Code
pdietrich@maynardcooper.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Paul Dietrich II 407 647-2777
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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

596 Haverty Court Partners, 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:

200 E. New England Avenue
Suite 300
Winter Park, FL 32789

Mailing Address:

200 E. New England Avenue
Suite 300
Winter Park, FL 32789

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.)

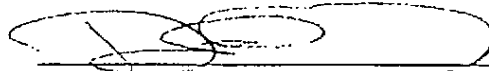
The name and the Florida street address of the registered agent are:

Maynard Cooper & Gale, P.C.
Name

200 E. New England Avenue, Suite 300
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

T

D. Paul Dietrich II
200 E. New England Avenue, Suite 300
Winter Park, FL 32789

(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.

D. Paul Dietrich II

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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