

L226000318158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

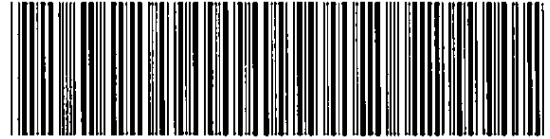
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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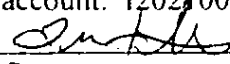
S. CHATHAM  
JUL 20 2022

RECEIVED  
22 JUL 19 PM 3:48  
FBI - CHATHAM

RECEIVED  
2022 JUL 19 PM 3:50  
ALLAHASSEE, FL PD

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please sue funds from the account: I20210000160, AMOUNT:     \$125.00    

Authorized Signature: 

Sumac Rd. Holdings LLC

Business

Document #

     Walk in

     Pick up time     

     Mail out

     Will wait

     Photocopy

     **Certified Copy of Articles of Organization**

     **Certificate of Status**

**NEW FILINGS**

     Profit

     Not for Profit

  X   Limited Liability

     Domestication

     Other

     **CORP**

**OTHER FILINGS**

     Annual Report

     Fictitious Name

     APOSTILLE ()

**Country**

**EXAMINER'S INITIALS:**                     

**AMMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Dissolution/Withdrawal

     Merger

     **Conversion**

     **Revocation**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing

     Limited Partnership

     Reinstatement

     Other

22 JUL 19 4:48 PM '19

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\_\_\_ Limited Partnership

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2019-07-19 15:48  
2019-07-19 15:48

**COVER LETTER**

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

**SUBJECT: Sumac Rd Holdings 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:

Patrick Halvarson

Name of Person

Sumac Rd Holdings LLC

Firm/Company

8695 College Pkwy., Suite 100

Address

Fort Myers, Florida, 33919

City/State and Zip Code

PHalvarson@finemarkbank.com

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

For further information concerning this matter, please call:

Lura Barua

888

650-3738

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sumac Rd Holdings 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:

2550 Charlie Thomas Rd  
Cornersville, TN 37047

Mailing Address:

2550 Charlie Thomas Rd  
Cornersville, TN 37047

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:

Patrick Halvarson

Name

8695 College Pkwy., Suite 100

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

Fort Myers	Florida	33919
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.*

Patrick Halvarson

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

MGR

**Name and Address:**

William A. Bloomhall, III

2550 Charlie Thomas Rd  
Cornersville, TN 37047

(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:**

*WAB*

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.

William A. Bloomhall, III

Typed or printed name of signer

**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)

22 JUL 19 PM 3:59  
CLERK OF THE COURT  
JUL 19 2019