

122000420809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

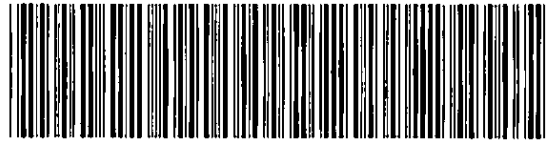
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



9/29/22

100395227751

09/29/22--01004--002 **125.00

RECEIVED
FILED
2022 SEP 29 AM 11:29 2022 SEP 29 PM 11:52
TALLAHASSEE, FLORIDA
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4274 Gulf Breeze Parkway, 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:

2955 Duke Drive

Gulf Breeze, FL 32563

Mailing Address:

2955 Duke Drive

Gulf Breeze, FL 32563

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:

MICHAEL J. ESMOND

Name

2955 Duke Drive

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

Gulf Breeze, FL 32563

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.

DocuSigned by:

Michael J. Esmond

9/29/2022

0DB1B3AF3DF1450...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 SEP 29 PM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL

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

MGR

Name and Address:

MICHAEL J. ESMOND

2955 Duke Drive

Gulf Breeze, FL 32563

EILEEN F. ESMOND

2955 Duke Drive

Gulf Breeze, FL 32563

(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:

DocuSigned by:

Michael J. Esmond

9/29/2022

00B1B3AF30F145D

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.

MICHAEL J. ESMOND

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)

FILED
2022 SEP 29 PM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL