

L22000422478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

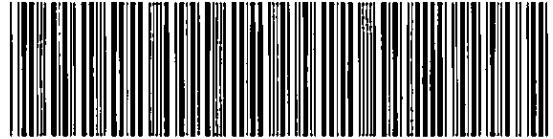
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395031034

S. CHATHAM

SEP 30 2022

2022 SEP 27 PM 2:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 27 PM 3:25

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/27/22

NAME: FOREIT FAMILY WILD OAK BAY LLC

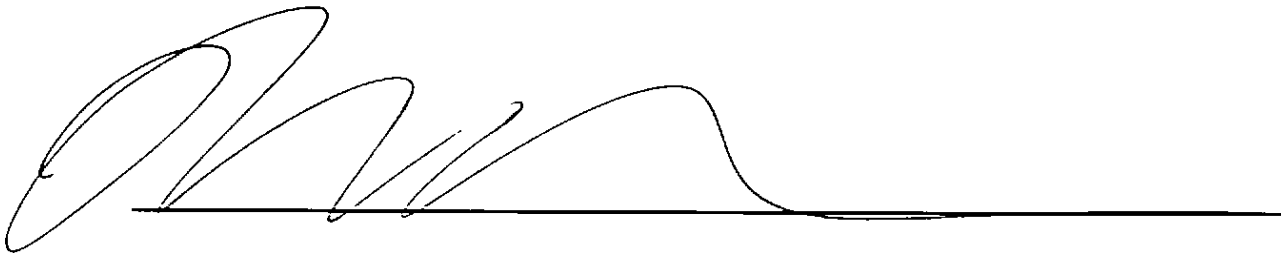
TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP 29 PM 2:05

September 28, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FOREIT FAMILY WILD OAK BAY LLC
Ref. Number: W22000123145

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 422A00021589

** Please keep Original File safe **

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foreit Family Wild Oak Bay 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:

6440 Mourning Dove Drive
Unit 505
Bradenton, FL 34210

Mailing Address:

Chris Foreit
1252 N. Hoyne Ave.
Chicago, IL 60622

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:

Florida Filing & Search Services, Inc.
Name

155 Office Plaza Drive
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.

Cherie Hodge
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 SEP 27 PM 3:25

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:

AMBR

Claude A. Foreit
2022 W. Potomac Ave.
Chicago, IL 60622

AMBR

Christopher A. Foreit
1252 N. Hoyne Ave.
Chicago, IL 60622

AMBR

Michael C. Foreit
8520 Parkview Ave.
Munster, IN 46321

AMBR

David J. Foreit
1313 Park Dr.
Munster, IN 46321

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 27 PM 3:25

(Use attachment if necessary) See Attachment for Additional Members.

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:

Denise King

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.

Denise J. King, authorized representative

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)

**ATTACHMENT TO ARTICLES OF ORGANIZATION FOR
FOREIT FAMILY WILD OAK BAY LLC**

ADDITIONAL MEMBERS

Title:
AMBR

Name and Address:
Mark E. Foreit
1842 Alta Vista Ave.
Munster, IN 46321

AMBR

Barbara A. Foreit
8749 Idlewild Ave.
Highland, IN 46322