

L22000443712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

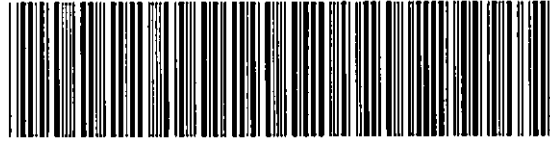
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500394054315

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2022 OCT 13 PM 1:08

ALLAHASSER, ALON

FILED

2022 OCT 13 PM 7:10

ALLAHASSER, ALON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: 5676 WILLOW CREEK CT LLC
Ref. Number: W22000129577

CORRECTED
Please Allow For
Same File Date

We have received your document for 5676 WILLOW CREEK CT LLC. However, the document has not been filed and is being returned for the following:

Please ensure the registered agent has complete Florida street address.,

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 922A00023002

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2022 OCT 14 PM 2:11
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/13/22

****WALK IN****

ENTITY NAME 5676 WILLOW CREEK CT LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX
Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Lippard

Please call Tina at the above number for any issues or concerns. Thank you so much!

2022 OCT 13 PM 7:11

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5676 WILLOW CREEK CT 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:

Name of Person
United Corporate Services, Inc.
Firm/Company
100 State Street, Suite 800
Address
Albany, NY 12207
City/State and Zip Code
trtdiamond@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (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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2022 OCT 13 PM 7:11
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. BROWN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5676 WILLOW CREEK CT 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:

Mailing Address:

1 WATEREDGE CT
OAKDALE NY 11769

1 WATEREDGE CT
OAKDALE NY 11769

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:

THOMAS FRIGENTI

Name

5676 WILLOW CREEK CT

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

DELRAY BEACH FL 33484

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.

/s/THOMAS FRIGENTI

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
JAMES E. FRIGENTI

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

THOMAS FRIGENTI

1 WATEREDGE CT

OAKDALE NY 11769

(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:

/S/THOMAS FRIGENTI

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.

THOMAS FRIGENTI

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)

2022 OCT 13 PM 7:11
FILED