

L2200046808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

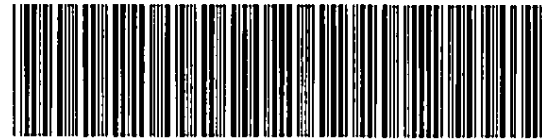
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



500390423415

07/05/22--01041--031 **160.00

ON FILE
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL 29 AM 10:23

FILED

Office Use Only

W2200046808

T. SCOTT

NOV - 2 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2022

DARRYL C. ROBERTS
1429 LEOLA AVENUE
LAKELAND, FL 33810

SUBJECT: SAFE AND CONFORTABLE STR LLC
Ref. Number: W22000091929

*Please note
Spelling error
on this letter.
Not sure how it
may affect
process.
Thank you.*

We have received your document for SAFE AND CONFORTABLE STR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered must sign and member must sign name in article VI.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 222A00015595

2022 JUL 29 PM 3:08
Tyrone Scott
Regulatory Specialist II
New Filings Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safe and Comfortable STR 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:

1429 Leola Avenue

Lakeland, FL. 33810

Mailing Address:

1429 Leola Avenue

Lakeland, FL. 33810

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:

Darryl C. Roberts

Name

1429 Leola Avenue

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

Lakeland

FL.

33810

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..

Darryl C. Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL 29 AM 10:20

FILED

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

Darryl C. Roberts
1429 Leola Ave.
Lakeland, FL. 33810

(Use attachment if necessary)

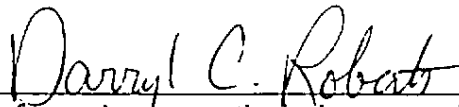
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Darryl C. Roberts

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)