

Nov. 15 2022 1:03PM
L22000484490
Nov 22, 5:15 PM

No. 0327 P. 1

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000385397 3)))



H220003853973ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL
Account Number : I20220000155
Phone : (305)854-0800
Fax Number : (305)854-0800

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fruiz@wsh-law.com

FLORIDA LIMITED LIABILITY CO.

285 Winter Nellis LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2022 NOV 15 PM12:18

22 NOV 15 PM12:35

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

DocuSign Envelope ID: 53C8756E-6FB3-4B42-8727-7BDAD5DC7471

COVER LETTER

TO: New Filing Section (((H22000385397 3)))
Division of Corporations

SUBJECT: 285 Winter Nellis 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:

Marlon Hill

 Name of Person
 Weiss Serota Helfman Cole & Bierman

 Firm/Company
 2800 Ponce de Leon Blvd, Ste 1200

 Address
 Coral Gables, FL- 33134

 City/State and Zip Code
 fruiz@wsh-law.com

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

For further information concerning this matter, please call:

Marlon Hill 305 854-0800
 _____ 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

22 NOV 15 PM 12:35

FILED

DocuSign Envelope ID: 53C8756E-6FB3-4B42-8727-7BDAD5DC7471

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:** (((H22000385397 3)))

The name of the Limited Liability Company is:

285 Winter Nellis 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:**285 Winter Nellis Cir.
Winter Garden, Florida, 34787285 Winter Nellis Cir.
Winter Garden, Florida, 34787**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:

Marlon Hill

Name

2800 Ponce de Leon Blvd- Ste 1200Florida street address (P.O. Box **NOT** acceptable)Coral Gables FL 33134
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:

Marlon Hill

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 NOV 15 PM 12:35
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 53C8756E-6FB3-4B42-8727-7BDAD5DC7471

((H22000385397 3)))

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

Dean Ackin
9864 NW 2nd Ct.
Plantation, Florida 33324

AMBR

Monique Nobrega
9864 NW 2nd Ct.
Plantation, Florida 33324

(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:

Designated by:

Marlon Hill

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.

Marlon Hill

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)

22 NOV 15 PM 12:35
CLERK OF THE COURT
TALLAHASSEE, FLORIDA