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(Address)

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(City/State/Zip/Phone #)

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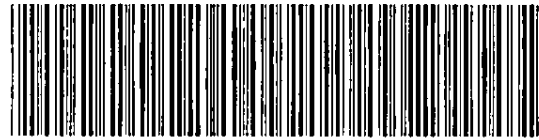
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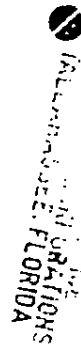
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TALLAHASSEE, FLORIDA

03/03/23--01001--014 **130.00



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KING & WOOD, P.A.

ATTORNEYS AT LAW

1701 HERMITAGE BLVD., SUITE 203
TALLAHASSEE, FLORIDA 32308
www.kingandwoodlaw.com

KIMBERLY L. KING
EDWARD W. WOOD
ANNALISE R. KAPUSTA*
*ALSO ADMITTED IN GEORGIA
ROBERT B. CELANDER
ELIZABETH J. MAYKUT
OF COUNSEL
BOARD CERTIFIED ELDER LAW

TELEPHONE (850) 580-7711
FACSIMILE (850) 205-4501

March 3, 2023

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of Articles of Organization for
221 NW REINDEER LANE, LLC
a Florida limited liability company
(Florida Division of Corporations Document No. TBA)
Our File No. 2544.000

Dear Florida Division of Corporations Representative:

Regarding the filing of Articles of Organization for 221 NW REINDEER LANE, LLC, a Florida limited liability company (Florida Division of Corporations Document No. TBA), pursuant to section 605.0201, Florida Statutes, please find enclosed the following:

- (i) Cover Letter;
- (ii) (To be filed) Articles of Organization for limited liability company; and
- (iii) Filing fee in the form of a check payable to the Florida Department of State in the amount of one hundred thirty dollars (\$130.00).

paid
3/3/23

Sincerely,



Robert B. Celander
Fla. Bar No. 1031194
1701 Hermitage Blvd., Suite 203
Tallahassee, FL 32308
Tel: (850) 580-7711
Fax: (850) 205-4501
robertcelander@kingandwoodlaw.com

Encl. (as indicated)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 221 NW REINDEER LANE, 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:

Robert B. Celander

Name of Person

King & Wood, P.A.

Firm/Company

1701 Hermitage Blvd., Suite 203

Address

Tallahassee, Florida 32308

City/State and Zip Code

robertcelander@kingandwoodlaw.com

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

For further information concerning this matter, please call:

James Griffin 201 953-0598
_____ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

221 NW REINDEER LANE, 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:

110 Timber Lake Drive
Canadensis, PA 18325

Mailing Address:

P.O. Box 811
Canadensis, PA 18325

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:

King & Wood, P.A.

Name

1701 Hermitage Blvd., Suite 203

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

Tallahassee Florida 32308

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..

Kimberly King, Vice President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

James Griffin
110 Timber Lake Drive
Canadensis, PA 18325

(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.

Robert B. Celander, Attorney

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)