

L23000134988

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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2023 MAR -3 AM 4:29
ALL INFORMATION
IS PUBLIC

D. O'KEEFE

MAR 24 2023

ROBERT E. BONE JR., P.A.
ATTORNEY AT LAW

918 W Main Street
Leesburg, Florida 34748
Phone 352-315-0051
Fax 352-326-0049

March 2, 2023

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: OLLILU, LLC
ARTICLES OF ORGANIZATION

Dear Sir or Madame:

Please find enclosed the following documents for processing:

1. Cover Letter and Articles of Organization for Florida Limited Liability Company; and
2. Our check for \$125.00 representing the filing fee.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,



Jennifer A. McElrath
Assistant to Robert E. Bone, Jr.

Enclosures: As noted

COVER LETTER

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

SUBJECT: OLLILU, 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 E BONE JR, ESQ.

Name of Person

ROBERT E BONE JR PA

Firm/Company

1013 NORTH SHORE DR

Address

LEESBURG, FL 34748

City/State and Zip Code

RBONE@THEBONELAWFIRM.COM

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

For further information concerning this matter, please call:

ROBERT E BONE JR 352 315-0051
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

OLLILU, 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:

1820 ST. JAMES CIRCLE
THE VILLAGES, FLORIDA 32162

Mailing Address:

1820 ST. JAMES CIRCLE
THE VILLAGES, FLORIDA 32162

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:

THEODORE J. SARENSKI

Name

1820 ST. JAMES CIRCLE

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

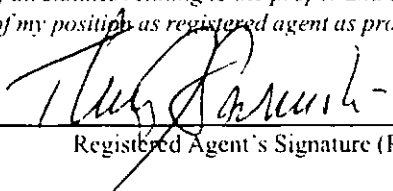
THE VILLAGES FLORIDA 32162

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 MAR -3 AM 4:30
TALLAHASSEE, FL

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager

Name and Address:

AMBR

THEODORE J. SARENSKI
1820 ST. JAMES. CIRCLE
THE VILLAGES, FLORIDA 32162

AMBR

KATHERINE A. SARENSKI
1820 ST. JAMES. CIRCLE
THE VILLAGES, FLORIDA 32162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 1, 2023 (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.

THEODORE J. SARENSKI

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)