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DECEIVE
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. FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business

Document

_X__Certified Copy of Articles of Incorporation

___X_Certificate of Status

NEW FILINGS

- ____ Profit Corp
- ____Not for Profit
- X_Limited Liability
- ____Domestication
- ____Other
- ___ CORP
- ____ LLLP

OTHER FILINGS

REGISTERATION/QUALIFICATIONS

____Annual Report

____Fictitious Name

____APOSTILLE

Country

XAMINIER'S INITIALS:_____

- ____Foreign filing
- Limited Partnership
- ____Reinstatement

Other

AMMENDMENTS

____Amendment

Resignation of R.A. Officer/Director

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- ___ Change of Registered Agent or office
- ____Dissolution
- ____Merger
- ___Conversion
- ____ Amended and restated Articles
- _____Revocation of Dissolution



March 22, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: OKEECHOBEE DEVELOPMENT HOLDINGS, LLC Ref. Number: W23000039220

We have received your document for OKEECHOBEE DEVELOPMENT HOLDINGS, LLC. However, the document has not been filed and is being returned for the following:

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 123A00006643



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www.sunbiz.org

Division of Comparationa, P.O. ROY 6227 Tallahaggoe, Florida 22214

TO: New Filing Section Division of Corporations

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OKEECHOBEE DEVELOPMENT HOLDINGS, LLC SUBJECT:

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:

CAROLYN A SIERK, CPA

Name of Person

SIERK & ASSOCIATES , PA

Firm/Company

11490 OKEECHOBEE BLVD, STE 5

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

ADMIN@SIERKCPA.COM

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

For further information concerning this matter, please call:

CAROLYN SIERK 561 791-0645 at (______) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□S125.00 Filing Fee Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division The Centre of Tałłahassee 2415 N. Monroe Street, Suite 810 Tałłahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OKEECHOBEE DEVELOPMENT HOLDINGS, 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:

Princip	al Office Address:		<u>Mailing Addr</u>	<u>ess</u> :		
125 STILL POND R	UAD	P.(). BOX 221			
STANARDSVILLE,	VA 22973	EA	RLYSVILLE, VA 22936		•	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Reg ctive Florida registration.)	istered Agent.		ividual or 171 - 580	2023 MAR 215 PH	
	Nai	me			ה :	·
	11490 OKEECHOBEE B	LVD, STE 5		- 2 	81	
	Florida street address (P.C	D. Box <u>NOT</u> :	(cceptable)			
	ROYAL PALM BEACH	FL	33411			
	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. 1 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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	James D Moore, JR PO Dox 221 EARLYSVILLE, VA 22936	
<u></u>	SE SHAR	
	24 PM	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _	3/21/2023	(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:	
The comment is executed in accordance with section 605/6203(1)(b), Florida Statutes.	
I am aware that any false information submitted in Federate of Department of State constitutes a mirrordegree follow as reputed for ins.817.155.1.S	0
Typed or printed name of signee	C
Filing Fees:	

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)