

L23000139591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

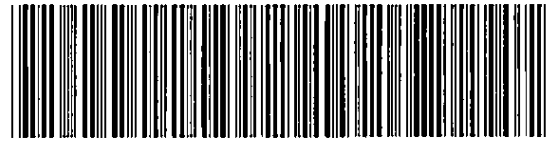
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300404171613

S. CHATHAM

MAR 28 2023

03/27/23--01002--016 **155.00

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2023 MAR 27 PM 3:10

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2023 MAR 27

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SECRETARY OF STATE

ALL AMASSER...

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: CAT 3/27

xx **CERTIFIED COPY** _____
☐ **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** LLC _____

1. **SUMMERFIELD GOLF, LLC**
 (CORPORATE NAME AND DOCUMENT #)
2. _____
 (CORPORATE NAME AND DOCUMENT #)
3. _____
 (CORPORATE NAME AND DOCUMENT #)
4. _____
 (CORPORATE NAME AND DOCUMENT #)
5. _____
 (CORPORATE NAME AND DOCUMENT #)
6. _____
 (CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Summerfield Golf, 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:

Sandra Holloman

Name of Person

Summerfield Golf, LLC

Firm/Company

10688 Crestwood Drive, Suite D

Address

Manassas, VA 20109

City/State and Zip Code

GL28911@foregolfservices.com

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

For further information concerning this matter, please call:

Sandra Holloman

703

367-7237 x222

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:

Summerfield Golf, 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:

10688 Crestwood Drive, Suite d
Manassas, VA 20109

Same

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:

Charles K Staples

Name

18086 S.E. Village Circle

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

Tequesta

FL

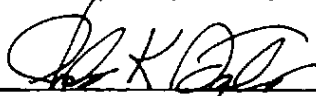
33469

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)

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2023 MAR 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA