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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SODL & INGRAM PLLC
Account Number : I20190000071
Phone : (904)257-5777
Fax Number : (904)347-2738

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

Email Address: toddbates1@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
OAKS OF AMELIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 APR 20 AM 8:06

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

ALL DOCUMENTS MUST BE
FILED WITHIN 10 DAYS

2023 APR 20 PM 11:58

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oaks of Amelia 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:

501 Centre Street
Suite 103
Fernandina Beach, Florida 32034

Mailing Address:

501 Centre Street
Suite 103
Fernandina Beach, Florida 32034

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:

Todd Bates
 Name

501 Centre Street, Suite 103
 Florida street address (P.O. Box **NOT** acceptable)

<u>Fernandina Beach</u>	<u>Florida</u>	<u>32034</u>
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..

Todd Bates
 Signature Date: 04/19/2023 14:43:07

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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, AMBRTodd Bates501 Centre Street, Suite 103Fernandina Beach, Florida 32034AMBRJim Bell501 Centre Street, Suite 103Fernandina Beach, Florida 32034AMBRMary and Tina Smith501 Centre Street, Suite 103Fernandina Beach, Florida 32034

(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:**
1800 Bates / Apr 17 2023 3:43:10P**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.Todd Bates

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)**

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