

L23000218400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

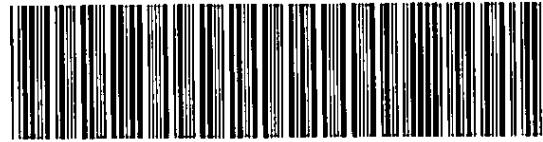
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/22--01020--004 **130.00

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2023 APR 24 AM 4:56
TALLAHASSEE, FL

W22000089025

23

COVER LETTER

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

SUBJECT: 162 Winter springs Center, 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:

Bonnie L Jones

Name of Person

Firm/Company

2250 Lee Road STE 98

Address

Winter Park, FL 32789

City/State and Zip Code

nubbin1950@outlook.com

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

For further information concerning this matter, please call:

Bonnie L Jones at (407) 629-1707
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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

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2023 APR 24 AM 11:56
TALLAHASSEE, FL
DIVISION OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2022

BONNIE L JONES
162 WINTER SPRINGS CENTER, LLC
2250 LEE ROAD STE 98
WINTER PARK, FL 32789 US

SUBJECT: 162 WINTER SPRINGS CENTER, LLC
Ref. Number: W22000089025

We have received your document for 162 WINTER SPRINGS CENTER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

Letter Number: 122A00015096

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DIVISION OF STATE
TALLAHASSEE, FL

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RECEIVED

APR 24 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

162 Winter Springs Centre, 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:

2250 Lee Rd STE 98
Winter Park, FL 32789

Mailing Address:

2250 Lee Rd STE 98
Winter Park, FL 32789

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:

Bonnie L Jones

Name

2250 Lee Rd STE 98

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

Winter Park Florida 32789

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..

Bonnie L Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL
STATE

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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

Bonnie L Jones

2250 Lee Rd Ste 98 Winter Park fl 32789

(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:

Bonnie L. Jones

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.

Bonnie L Jones

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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2023 APR 24 AM 4:36
CLARK COUNTY
FLORIDA
DEPARTMENT OF STATE