

L23000294417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

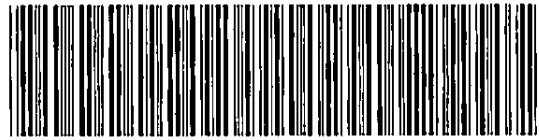
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JAN 11 2000
AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Woodmere Limited Partnership, 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:

John Ayers

Name of Person

Firm/Company

4808 W Woodmere Rd

Address

Tampa, FL 33609

City/State and Zip Code

Jayers@ccim.net

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

For further information concerning this matter, please call:

John Ayers

813

6906539

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004-1 AM 9:44

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodmere Limited Partnership, 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:

4808 W Woodmere Rd
Tampa, FL 33609

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:

John Ayers

Name

4808 W Woodmere Rd

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

Tampa

FL

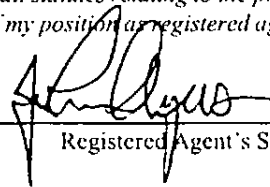
33609

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

John Avers
4808 W Woodmere Rd
Tampa, FL 33609

(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



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.

John Avers

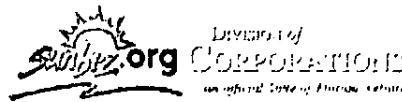
Typed or printed name of signee

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)



Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 05/31/2023

Certificate of Status Requested No

Certified Copy Requested No

Corporate Name WOODMERE LIMITED PARTNERSHIP, INC.

Corporate Stock Shares 1

Principal Place of Business

Address 4808 W WOODMERE RD

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33609.

Mailing Address

CORPORATE MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) AYERS, JOHN, E.

Address 4808 W WOODMERE RD

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33609, US

Registered Agent Signature JOHN AYERS

Incorporator Name And Address

Name JOHN AYERS

Address 4808 W WOODMERE RD

Suite, Apt. #, etc.

City, State & Zip Code TAMPA, FL 33609

Incorporator Signature JOHN AYERS

Corporate Purpose

ANY AND ALL LAWFUL BUSINESS.

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name JOHN AYERS

E-mail Address JAYERS@CCIM.NET

Officer/Director Name And Address

Name And Address #1

Title P

Name (Last, First, Middle, Title) AYERS, JOHN, E

Street Address 4808 W WOODMERE RD

City, State TAMPA, FL

Zip Code & Country 33609.

Continue

5/30/23, 10:44 AM

Common Checkout Payment Receipt

WLP

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

| Description | Receipt Confirmation |
|-------------------|----------------------|
| | Amount |
| | \$70.00 |
| Total Amount Paid | \$70.00 |

Customer Information

| | | | |
|--------------------|------------------|--------------|-----------------|
| Customer Name | John Ayers | Receipt Date | 5/30/2023 |
| Local Reference ID | 700409656527 NEW | Receipt Time | 10:43:51 AM EDT |

Payment Information

| | | | |
|------------------|-------------|--------------------|-----------|
| Payment Type | Credit Card | Credit Card Number | *****5602 |
| Credit Card Type | VISA | Order ID | 49231148 |

Billing Information

| | | | |
|---------------------|--------------------|---|-----------------|
| Billing Address | 4808 W Woodmere Rd | Phone Number | 813 690 6539 |
| Billing City, State | Tampa, FL | This receipt has been emailed to the address below. | |
| ZIP/Postal Code | 33609 | Email Address | jayers@ccim.net |
| Country | US | | |