

L23000301247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

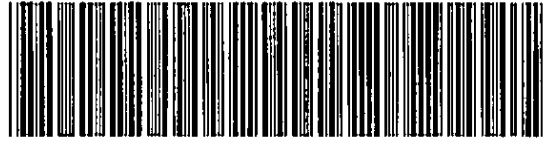
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/07/23--01012--022 **125.00



DAVIS DEVELOPMENT

403 Corporate Center Dr.
Suite 201 | Stockbridge, GA 30281

☎ 770.474.4345

☎ 770.474.5213

June 6, 2023

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303


RE: ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY AND
DESIGNATION OF REGISTERED AGENT ("APPLICATION") FOR 94 S.
SUMMIT DRIVE, LLC

Dear Sir/Madam:

Enclosed is the original and a copy of the above-referenced Application, as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Application and the Designation of Registered Agent Fee. Please file the document and return a file-stamped copy to me at the address above in the self-addressed, stamped envelope which has been enclosed for your convenience.

Thank you for your assistance in this matter. If you should have questions, please give me a call.

Sincerely,



Megan M. Lanz
Paralegal

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 94 S. Summit Drive, 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:

Lance A. Chernow

Name of Person

Davis Development, Inc.

Firm/Company

403 Corporate Center Drive, Suite 201

Address

Stockbridge, Georgia 30281

City/State and Zip Code

lance.chernow@davisdevelopment.com

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

For further information concerning this matter, please call:

Lance A. Chernow 770 474-4345

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

94 S. Summit Drive, 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:

403 Corporate Center Drive, Suite 201
Stockbridge, Georgia 30281

Mailing Address:

403 Corporate Center Drive, Suite 201
Stockbridge, Georgia 30281

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

Florida

32301

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Miguel B. Davis

403 Corporate Center Drive, Suite 201

Stockbridge, Georgia 30281

(Use attachment if necessary)

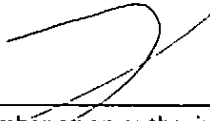
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Lance A. Chernow, Authorized Representative

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)

COVER LETTER

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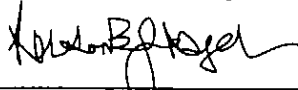
32301

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MGR

Miguel B. Davis

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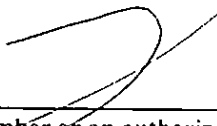
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