

L23000440879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

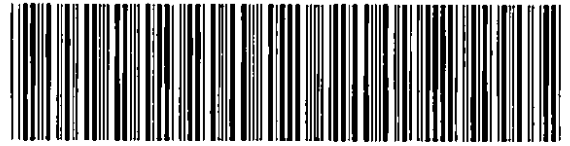
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
SEP 25 2023

2023 09 23 14:37

September 15, 2023

Florida Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32301

Subj: Articles of Organization - GARDEN OF EDEN VACATION RENTALS,  
LLC

Dear Sir:

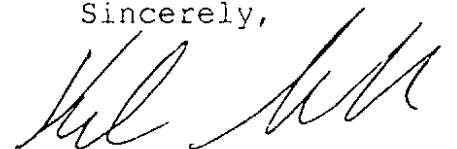
Enclosed please find the following:

1. The original and one copy of the Articles of Organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
2. My check in the amount of \$155.00 to cover the filing fees.
3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 294 East Eau Gallie Blvd., Indian Harbour Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,



Kenneth R. Schoeller

ARTICLES OF ORGANIZATION

OF

GARDEN OF EDEN VACATION RENTALS, LLC

ARTICLE I. NAME

The name of this Limited Liability Company is

GARDEN OF EDEN VACATION RENTALS, LLC

ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business.

ARTICLE IV. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the limited liability company is located at 101 Wimico Drive, Indian Harbour Beach, FL 32937 and the mailing address of the limited liability company is 4815 East Paddleford Drive, Eden, UT 84310.

ARTICLE V. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

ATLANTIC NONLAWYER SERVICES, INC.  
294 East Eau Gallie Blvd.  
Indian Harbour Beach, FL 32937

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 with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

*Nadean C. Greyer*

Registered Agent Signature

#### ARTICLE VI. MANAGEMENT

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

KENNETH R. SCHOELLER - "AMBR"  
101 Wimico Drive  
Indian Harbour Beach, FL 32937

MICHELE L. SCHOELLER - "AMBR"  
101 Wimico Drive  
Indian Harbour Beach, FL 32937

#### ARTICLE VII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto.

2023 JUN 20 AM 8:37

IN WITNESS WHEREOF the undersigned member has executed these  
articles of organization on this 15<sup>th</sup> day of Sept., 2023.

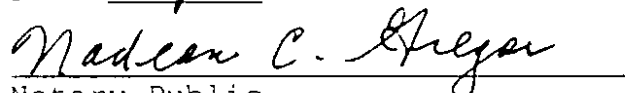
  
KENNETH R. SCHOELLER

(In accordance with Section 605.0203 (1)(b), Florida Statutes, the executive of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STATE OF FLORIDA  
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, by means of physical presence, KENNETH R. SCHOELLER to me known to be the person described as a member in and who executed the foregoing Articles of Organization, and who acknowledged before me that he subscribed to those Articles of Organization and presented his FL/DL as his photo-identification.

WITNESS my hand and official seal in the County and  
State named above this 15<sup>th</sup> day of Sept., 2023.

  
Notary Public

