

L23000455337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

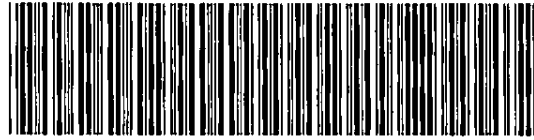
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 OCT -3 AM 8:59

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$125.00**

Authorization Signature: 

14611 Perdido Key Drive LLC

Business Name

Doc. #

 Certified Copy of

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 X Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 Amendment
 Resignation of R.A.

 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: 14611 Perdido Key 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:

John E. McGraw

Name of Person

Jacobs Law, LLC

Firm/Company

1117 Perimeter Center West, Suite W501

Address

Atlanta, GA 30338

City/State and Zip Code

mirishfamily@gmail.com

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

For further information concerning this matter, please call:

John E. McGraw 404 920-4487

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:

14611 Perdido Key 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:

330 South Esplanade

Alpharetta, GA 30009

Mailing Address:

330 South Esplanade

Alpharetta, GA 30009

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..

Judith Reyes

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

Fernando J. Gonzalez
330 South Esplanade
Alpharetta, GA 30009

MGR

Mary B. Gonzalez
330 South Esplanade
Alpharetta, GA 30009

(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.

The management of the Company is vested in one or more Managers and governed by an operating agreement, a copy of which is maintained as a record of the Company at its principal place of business.

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.

Fernando J. Gonzalez, Manager

Typed or printed name of signer

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)