Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000386259 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : DEAN AND DEAN, LLP

Account Number : .119980000091

: (352)368-2800

Fax Number

: (352)867-5787

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

| Ema | i | 1 | Address: | |
|-----|---|---|----------|--|
| | | | | |

FLORIDA LIMITED LIABILITY CO.

2017 Alfredo, LLC

| g et contract of the second state of the seco | ACCUSTOMORPHICAL STREET, ACCUSTOM ACCUSTOMORPHICAL STREET, ACCUSTOMORPHICAL STREET, ACCUSTOMORPHICAL ACCUSTO |
|--|--|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |





Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000386259 3)))

ARTICLES OF ORGANIZATION

OF

2017 ALFREDO, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

:ARTICLE I

NAME

The name of the limited liability company shall be 2017 ALFREDO, LLC ("Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company shall be 2017 Alfredo Avenue, The Villages, Florida 32159.

ARTICLE III

DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's duration shall be perpetual unless the Company is earlier dissolved as provided in these articles of organization.

ARTICLE IV

PURPOSE

The purpose for which this Limited Liability Company is organized is to perform any lawful purpose except that of banking and insurance.

(((H23000386259 3)))

(((H23000386259 3)))

ARTICLE V

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is DAVID LIENARD, 2017 Alfredo Avenue, The Villages, FL 32159.

ARTICLE VI

CAPITAL CONTRIBUTIONS

The initial member of the Company shall contribute to the capital of the Company the sum of \$1,000.00.

ARTICLE VII

ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members.

ARTICLE VIII

ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as all the members determine. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE IX

INITIAL MEMBERS

The initial member of the Company shall be DAVID LIENARD, Trustee of the LIENARD LIVING TRUST DATED DECEMBER 22, 2020.

(((H23000386259 3)))

ARTICLE X

MANAGEMENT

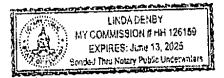
The Company shall be managed by managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial manager of the Company is **DAVID LIENARD**.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at The Villages, Florida, on this 3 day of November, 2023.

DAVID LIENARD

STATE OF FLORIDA COUNTY OF SUMTER

Sworn to and subscribed before me this <u>3</u> day of November, 2023, by **DAVID** LIENARD, by means of physical presence and who has produced <u>IL DL</u> as identification.



Notary Public

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Having been designated as the Registered Agent for 2017 ALFREDO, LLC, I hereby accept the designation and agree to act as the Registered Agent of said Company.

Dated this 3 of November, 2023.

DAVID LIENARD