

L23000509827

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HAMMOCK GREENS CONDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 NOV -9 PM 3:29
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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

FILED

T. MATTHEWS

H230003898053

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2014 NOV -9 PM 4:43

HAMMOCK GREENS CONDO LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

JOHN & KERRY MCCONIE
20801 HAMMOCK GREENS LANE UNIT 101
ESTERO, FL 33928

JOHN & KERRY MCCONIE
5 CROSS LANE
BAYVILLE, NY 11709

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:

INCORPORATING SERVICES, LTD.
Name

1540 GLENWAY DR
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 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..

/s/ Melissa Moreau Asst Sec
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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	<u>JOHN MCCONIE</u> <u>5 CROSS LANE</u> <u>BAYVILLE, NY 11709</u>
<u>MGR</u>	<u>KERRY MCCONIE</u> <u>5 CROSS LANE</u> <u>BAYVILLE, NY 11709</u>
<u>AMBR</u>	<u>JOHN MCCONIE SR</u> <u>5 CROSS LANE</u> <u>BAYVILLE, NY 11709</u>
<u>AMBR</u>	<u>COLLEEN MCCONIE</u> <u>4037 WATERCRAFT FERRY AVE APT 214</u> <u>WILMINGTON, NC 28412</u>

(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:

/s/ John McConie

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, P.S.

JOHN MCCONIE
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)