

L24000093555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

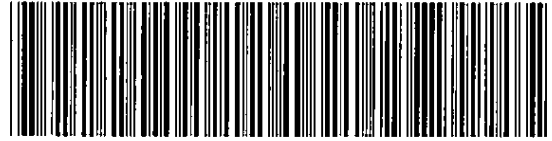
(Business Entity Name)

(Document Number)

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JAN 29 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.J.H
2/26/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JOHN MEIKLE REALTY 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 MEIKLE
Name of Person

JOHN MEIKLE REALTY
Firm/Company

5070 N. A1A SUITE 205
Address

VERO BEACH FL 32963
City/State and Zip Code

JOHNNY MEIKLE @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MEIKLE at (772) 321.1092
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
☐ \$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

2001 JAN 24 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN MEIKLE REALTY LIMITED LIABILITY CORP.

(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:

5070 N. AIA SUITE 205.
VERO BEACH FL. 32963

Mailing Address:

SAME

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:

JOHN MEIKLE

Name

1612 W CAMINO DEL RIO. #

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

VERO BEACH FL. 32963

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.

John B Meikle
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAN 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

AMBR.

Name and Address:

JOHN MEIKLE

1612 W. CAMINO DEL RIO

VERO BEACH, FL. 32963.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/22/24 (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:

John B Meikle

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.

JOHN B MEIKLE.

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JAN 24 PM

FILED

JOHN MEIKLE REALTY, LLC.

LICENSED REAL ESTATE BROKER

L24000093555

01/22/24

Attention: Florida Department of State Division of Corporations

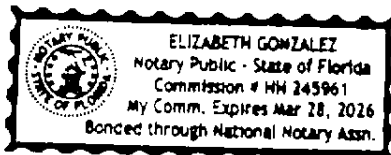
I, John Bernard Meikle, owner of John Meikle Realty, LLC located at 5070 N HWY A1A, Vero Beach, FL and associated with document #L07000034147 request the company be released from the above document number. Please apply document #L07000034147 to the application provided. The Department of Business and Professional Regulations are requesting that I, John Bernard Meikle, refile the company. My goal is to meet the refiling requirements of the Department of Business and Professional Regulations while also retaining the company's original name of John Meikle Realty, LLC.

Signed: _____

State of FLORIDA

County of INDIAN RIVER

The foregoing instrument was acknowledged before me on this January 22nd, 2024 ^{by means of physical presence} by John B. Meikle who has produced FL DL as identification.



Elizabeth Gonzalez
Signature of Notary Public

CORRESPONDENCE:
5070 NORTH A1A, SUITE 205
VERO BEACH, FL 32963

PHONE: 772.563.9822
FAX: 772.562.9615
EMAIL: JOHN@MEIKLEREALTY.COM