

L24000230874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

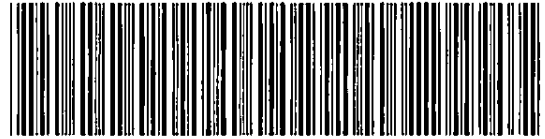
(Business Entity Name)

(Document Number)

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

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ALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4020 CROCKERS LAKE, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ \_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ \_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
FLORIDA LIMITED LIABILITY COMPANY  
4020 CROCKERS LAKE, LLC**

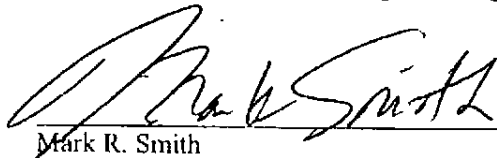
**ARTICLE I – NAME:** The name of the limited liability company is **4020 Crockers Lake, LLC**.

**ARTICLE II – ADDRESS:** The mailing address is P.O. Box 579, Osprey, FL 34229-0579 and the street address of the principal office of the limited liability company is 115 Tamiami Trl N, Suite 7, Nokomis, FL 34275.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S ACCEPTANCE:** The name and address of the registered agent and office is:

Mark R. Smith  
115 Tamiami Trl. North, Suite 7  
Nokomis, FL 34275

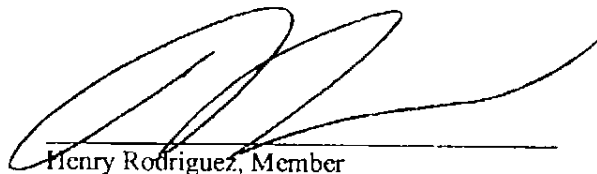
*Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
Mark R. Smith

**ARTICLE IV – MANAGEMENT:** The limited liability company is to be manager-managed. The initial manager shall be Henry Rodriguez. The manager's mailing address is P.O. Box 579, Osprey, FL 34229-0579.

**ARTICLE V – PURPOSE:** The purpose of the limited liability company is to purchase, sell, own, finance and operate real estate and all other purposes authorized by the Florida Revised Limited Liability Company Act.

**IN WITNESS WHEREOF**, these Articles of Organization are executed on this 21st day of May, 2023.

  
Henry Rodriguez, Member