

To: 18506176381 From: 14073913626 Date: 08/28/24 Time: 7:58 PM Page: 02/07

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000375806

Note: Please print the filing number on the cover sheet. Type the filing number (shown below) on the top and bottom of all pages of the document.

((H240002891713)))

FL
8-29-24



H240002891713ABC1

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 : WALSH BANKS LAW
Account Number : I202100000008
Phone : (407)259-2426
Fax Number : (407)391-3626

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.
Culver's of Bartow, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2024 AUG 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Culver's of Bartow, 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.

Mark Ide
Name of Person

Culver's of Bartow
Firm/Company

888 Cypress Gardens Blvd.
Address

Winter Haven, Florida 33880
City/State and Zip Code

markide01@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Mark Ide at (317) 670-1577
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:

Culver's of Bartow, 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:

Mailing Address:

SSS Cypress Gardens Blvd, Winter Haven, FL 338

SSS Cypress Gardens Blvd, Winter Haven, F

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:

Walsh Banks, PLLC

Name

228 Hillcrest

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

Orlando

Florida

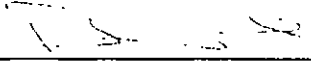
32801

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 28 PM 3:05

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Mark Ide

13317 Graham Yarden Drive, Riverview, FL 33579

AMBR

Jordan Pazler

13317 Graham Yarden Drive, Riverview, FL 33579

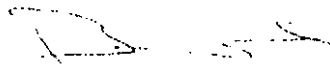
(Use attachment if necessary)

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:



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

Brian Walsh

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)

FILED
2024 AUG 28 PM 3:05
CLERK OF STATE
TALLAHASSEE, FL