

L24000412870

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Handwritten signature and date 9.30.24

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.

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE FL

**FLORIDA LIMITED LIABILITY CO.
ALPHA 10 HIGHWOOD RIDGE TRAIL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 AM 10:01

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Corporate Filing Menu

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COVER LETTER

H24000325997

**TO: New Filing Section
Division of Corporations**

SUBJECT: Alpha 10 Highwood Ridge Trail, 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:

Matthew McConnell

Name of Person

Firm/Company

204 Summerlin Loop

Address

Haines City, FL 33844

City/State and Zip Code

mmcconnell@presmontes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McConnell

440

935-1528

at ()

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000325997

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha 10 Highwood Ridge Trail, 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:204 Summerlin Loop
Hanes City, FL 33844**Mailing Address:**204 Summerlin Loop
Hanes City, FL 33844**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:

Matthew McConnell

Name

204 Summerlin LoopFlorida street address (P.O. Box **NOT** acceptable)Hanes City, FL 33844

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.

DocuSigned by:

Matthew McConnell

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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRMatthew McConnell
204 Summerlin Loop
Hanes City, FL 33844AMBRMichael Montgomery
7801 Shady Oaks Drive
North Richland Hills, TX 76182AMBRApril Weber
46 Atlantic Drive
Palm Coast, FL 32117

(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:**

DocuSigned by:

Matthew McConnell**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.Matthew McConnell, Authorized Member

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)

24 SEP 25 AM 10:01

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