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

From: Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: dwellkthomas@gmail.com

**FLORIDA LIMITED LIABILITY CO.
ASBURY FOSTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION
OF
ASBURY FOSTER, LLC

ARTICLE I – NAME

The name of the limited liability company is ASBURY FOSTER, LLC. ("Company").

ARTICLE II – ADDRESS

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

Principal Office Address:
128 Calais Ct
Naples, Florida 34112

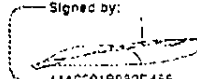
Mailing Address:
128 Calais Ct
Naples, Florida 34112

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Kimberly S. Thomas
128 Calais Ct
Naples, Florida 34112

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.

Signed by:


Kimberly S. Thomas

ARTICLES OF ORGANIZATION OF ASBURY FOSTER, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

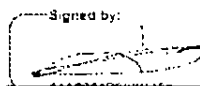
"AMBR" = Authorized Member

Name and Address:

MGR

Kimberly S. Thomas
128 Calais Ct
Naples, Florida 34112

REQUIRED SIGNATURE:

Signed by: 

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.

Kimberly S. Thomas

Typed or printed name of signer

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