

L24000468567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

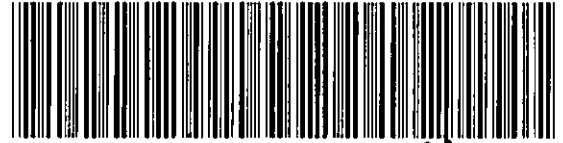
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TALLAHASSEE, FL

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1. FOLMAN INFRASTRUCTURE, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FOLMAN INFRASTRUCTURE, 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:

Folman Infrastructure, LLC
Name of Person
Klein & Klein, LLC
Firm/Company
40 SE 11 th Ave
Address
Ocala, FL 34471
City/State and Zip Code
Cfolino8577@gmail.com
E-mail address
(to be used for future annual report notification)

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For further information concerning this matter, please call:
fred@kleinandkleinpa.com at (352)732-7750

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

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:

FOLMAN INFRASTRUCTURE, LLC

ARTICLE II - Address:

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

Principal Office Address:

580 SW 48TH LANE
OCALA, FL 34471

Mailing Address:

580 SW 48TH LANE
OCALA, FL 34471

RECORDING OFFICE OF THE
CLERK OF THE STATE
TALLAHASSEE, FL

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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:

CHRISTOPHER FOLINO

Name

580 SW 48TH LANE

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

OCALA, FL 34471

City/State and Zip Code

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, Florida Statutes.

DocuSigned by:

Christopher Folino

FD-183006CD68498

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: Name and Address:

“MGR” = Manager
“AMBR” = Authorized Member

MGR	CHRISTOPHER PAUL FOLINO 580 SW 48 TH LANE OCALA, FL 34471	FILED 2024 NOV -6 AM 9:47 CLERK OF STATE TALLAHASSEE, FL
MGR	JOHN RAY BERMAN 2309 SE 5 TH STREET OCALA, FL 34471	

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:
Christopher Folino
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 in s.817.155, F.S.

CHRISTOPHER FOLINO

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)