

L24000475645

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(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

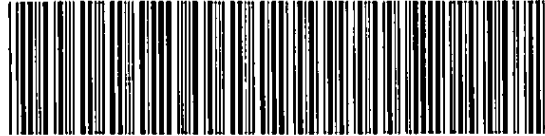
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TALLAHASSEE, FL

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/12/2024

Acc#I20160000072

en: c SW

Name:	4600 Cecile Drive, LLC
Document #:	
Order #:	15974183

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>FILED</div> <div>2024 NOV 12 AM 9:47</div> <div>CLERK OF STATE</div> <div>TALLAHASSEE, FL</div>	
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Amount: \$ **125.00**

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4600 Cecile Drive, 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:

Sonia Lowe, Paralegal

Name of Person

Baker & Hostetler LLP

Firm/Company

200 Civic Center Drive, Suite 1200

Address

Columbus, Ohio 43215

City/State and Zip Code

murphy10X@gmail.com

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

For further information concerning this matter, please call:

Sonia Lowe

614

598-3033

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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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4600 Cecile Drive, 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:

9837 Grosvenor Pointe Circle
Windermere, FL 34786

Mailing Address:

9837 Grosvenor Pointe Circle
Windermere, FL 34786

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:

David Murphy

Name

9837 Grosvenor Pointe Circle

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

Windermere

FL

34786

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..

/s/ David Murphy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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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:

MGR

David Murphy
9837 Grosvenor Pointe Circle
Windermere, FL 34786

(Use attachment if necessary)

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ALABAMA STATE
ALABAMA SECRETARY OF STATE

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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:

/s/ David Murphy

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.

David Murphy

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)