

L25000017730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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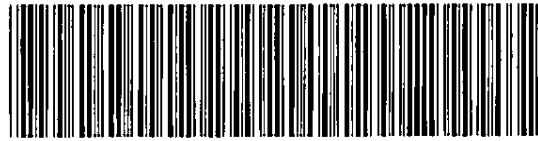
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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01/13/25-01005-013 25.00

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HALL COUNTY, FL

2025 JAN 13 AM 9:47

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**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
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TALLAHASSEE, FL

1. CROMWELL ALACHUA HOLDINGS, 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: CROMWELL ALACHUA HOLDINGS, 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:

Ethan A. White

Name of Person

Klein & Klein, LLC

Firm/Company

40 SE 11th Ave

Address

Ocala, FL 34471

City/State and Zip Code

rodstaxidermy@bellsouth.net

E-mail address

(to be used for future annual report notification)

For further information concerning this matter, please call:

Ethan A. White 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

2025 JAN 13 AM 9:47

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:

CROMWELL ALACHUA HOLDINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:

20724 SE 165TH AVENUE,
HAWTHORNE, FL 32640

Mailing Address:

20724 SE 165TH AVENUE,
HAWTHORNE, FL 32640

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:

LIGON NIMROD CROMWELL, IV

Name


20724 SE 165TH AVENUE

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

HAWTHORNE, FL 32640

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.



Registered Agent's Signature (REQUIRED)

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL

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	LIGON NIMROD CROMWELL, IV 20724 SE 165 TH AVENUE, HAWTHORNE, FL 32640
MGR	BARBARA J. CROMWELL 20724 SE 165 TH AVENUE, HAWTHORNE, FL 32640

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 in s.817.155, F.S.

LIGON NIMROD CROMWELL, IV
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)