

h 24000305751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

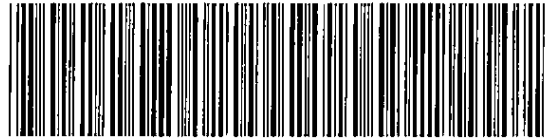
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

h 24000101659

Office Use Only



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07/09/24--01005--028 \*\*130.00

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2024 JUL -9 AM 9:38  
CLERK OF COURT  
JULY 9 2024

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 21502 Osprey, 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:

Beth Taylor

Name of Person

Dover Miller Karras Langdale & Brantley, P.C.

Firm/Company

P. O. Box 729

Address

Valdosta, GA 31603

City/State and Zip Code

bethtaylor@dovermiller.com

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

For further information concerning this matter, please call:

Beth Taylor

229

242-0314

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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STATE  
FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

21502 Osprey, 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:

Mailing Address:

4332 Valnorth Drive, Building A  
Valdosta, GA 31602

4332 Valnorth Drive, Building A  
Valdosta, GA 31602

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:

URS Agents, LLC

Name

3458 Lakeshore Drive

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

Tallahassee

FL

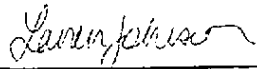
32312

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.*



Lauren Johnson, Asst Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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:

AMBR/MGR

Rebecca Brinson  
4332 Valnorth Drive, Building A  
Valdosta, GA 31602

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**



\_\_\_\_\_  
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.

Rebecca Brinson

\_\_\_\_\_  
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)

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..... DOVER MILLER KARRAS LANGDALE & BRANTLEY .....

A T T O R N E Y S   A T   L A W

A PROFESSIONAL CORPORATION

J. Michael Dover  
Patricia McCorvey Karras  
Jackson R. Langdale  
Nathanael D. Brantley  
Jennifer Stakich Walker\*  
Charles A. Shenton IV  
W. Cavan Perry  
Taylor Thomas Young

701 North Patterson Street  
Valdosta, Georgia 31601-4526

Mailing Address:  
Post Office Box 729  
Valdosta, Georgia 31603-0729  
Telephone:  
229-242-0314

*Willis L. Miller III*  
*(1947-2022)*

\*licensed in Georgia and Florida

July 3, 2024

**VIA UPS TWO DAY AIR DELIVERY**

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
Attn: New Filing Section

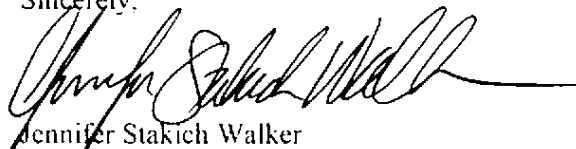
RE:     21502 Osprey, LLC

To Whom It May Concern:

Please find enclosed the Cover Letter and Application of 21502 Osprey, LLC to be formed as a Florida entity. Also enclosed is our firm's check in the amount of \$130.00 to cover filing fees and the cost of a Certificate of Status for said entity.

Please return the Certificate of Status to our office in the enclosed self-addressed stamped envelope. If you have any questions or concerns, please do not hesitate to call me at the above number.

Sincerely,



Jennifer Stakich Walker

JSW:bt

Enclosures

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OFFICE OF THE  
CLERK