

L24000336099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

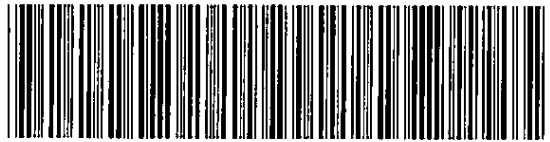
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000433618490

07/29/24--01014--006 **160.00

***The Gardens of Parrish Community Emergency Response Team
PO Box 50
Parrish, FL 34219***

July 26, 2024

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

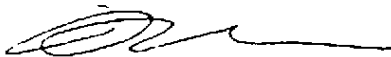
To Whom It May Concern:

Enclosed please find in addition to this letter the official Cover Letter, check #1164 (from Alex Matich) and the state of Florida "Articles of Organization for Florida Limited Liability Company." The check is a personal check because your determination is needed in order for The Gardens of Parrish Community Emergency Response Team (TGOP-CERT) to get a business account.

I have used the duly obtained PO Box 50 because it is the official mailing address. Our official location address resides with our treasurer Jennifer Jordan (146 Juniper Trace, Parrish, FL 34219). Please feel free to send all necessary correspondence to either address.

It is my assumption that upon the granting of TGOP-CERT's LLC all of our official correspondence will go to PO Box 50, Parrish, FL 34219.

Thank You,



Alex J. Matich
TGOP-CERT Treasurer
101 Palm Ln E
Parrish, FL 34219
607-644-3176

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Gardens of Parish Community Emergency Response Team
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:

Jennifer A Jordan
Name of Person

The Gardens of Parish Community Emergency Response Team
Firm/Company

146 Juniper Trace
Address

Parrish Florida 34219
City, State and Zip Code

TGOPSecretary@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A Jordan 941 212-9162
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Gardens of Parrish Community Emergency Response Team, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>146 Juniper Trace Parrish, FL 34219</u>	<u>P.O. Box 50 Parrish FL 34219</u>
_____	_____
_____	_____

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:

Martin J Jordan
Name

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

<u>Parrish</u>	<u>Florida</u>	<u>34219</u>
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>President</u>	Howard Beeler 191 Tiger Lilly Drive Parrish, FL 34219
<u>Vice President</u>	Edward Chernev 206 Tiger Lilly Drive Parrish, FL 34219
<u>Secretary</u>	Jennifer A Jordan 146 Juniper Trace Parrish, FL 34219
<u>Treasurer</u>	Alexander J Matich 101 Palm Lane East Parrish, FL 34219

(Use attachment if necessary)

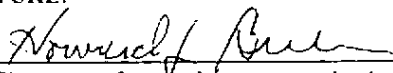
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Howard Beeler

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Gardens of Parrish Community Emergency Response Team, 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:

146 Juniper Trace Parrish, FL 34219

Mailing Address:

P.O. Box 50 Parrish FL 34219

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:

Martin J Jordan

Name

146 Juniper Trace

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

Parrish

Florida


34219

City

State

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

President

Howard Beeler
191 Tiger Lilly Drive
Parrish, FL 34219

Vice President

Edward Cherney
206 Tiger Lilly Drive
Parrish, FL 34219

Secretary

Jennifer A Jordan
146 Juniper Trace
Parrish, FL 34219

Treasurer

Alexander J Matich
101 Palm Lane East
Parrish, FL 34219

(Use attachment if necessary)

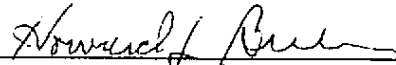
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Howard Beeler

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent