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Filing

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 1235 HIGHLAND ROAD, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABEL CLAIRVOYANT  
Name of Person  
1235 HIGHLAND ROAD, LLC  
Firm/Company  
1162 LAKE TERRY DRIVE  
Address  
WEST PALM BEACH, FLORIDA 33411  
City/State and Zip Code  
psj2050@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABEL CLAIRVOYANT      561      293-1495  
Name of Person      at (      )      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)

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**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
1235 HIGHLAND ROAD, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is 1235 HIGHLAND ROAD, LLC

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
1162 Lake Terry Dr  
West Palm Beach, Florida 33411

Mailing Address:  
1162 Lake Terry Dr  
West Palm Beach, Florida 33411

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Abel Clairvoyant  
1162 Lake Terry Dr  
West Palm Beach, Florida 33411

*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.*

Clairvoyant Abel  
Abel Clairvoyant

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ARTICLE IV - MANAGER

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

Liability Company:

Title:  
MGR

Name and Address:  
Abel Clairvoyant  
1162 Lake Terry Dr  
West Palm Beach, Florida 33411

ARTICLE IV - MEMBERS

Name And Address Members of the Limited Liability Company:

Name And Address  
#1

Title: Member

Name: CLAIRVOYANT, ABEL  
Street Address: 1162 LAKE TERRY DR  
City, State WEST PALM BEACH, FL  
Zip Code & Country 33411, US

Name And Address #2

Title: Member

Name: CLAIRVOYANT, HUBERT  
Street Address 13597 BARBERRY DR  
City, State WELLINGTON, FL  
Zip Code & Country 33414, US

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REQUIRED SIGNATURE:

Clairvoyant Abel  
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.

Abel Clairvoyant  
Typed or printed name of signee