

# L19000116956

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

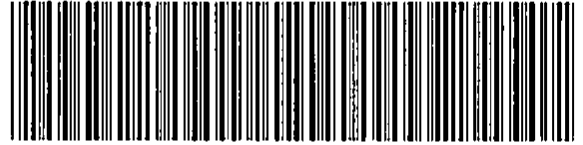
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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

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DEPARTMENT OF REVENUE  
DIVISION OF SOLE CREDITORS  
TALLAHASSEE, FLORIDA

05/07/19--01012--004 \*\*3100.00

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19 MAY -7 AM 11:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1234 NE 5th Avenue, LLC

Signature \_\_\_\_\_

Requested by: Seth

05/07/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC I or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC II Search \_\_\_\_\_
- \_\_\_\_\_ UCC II Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
1234 NE 5<sup>th</sup> AVENUE, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I – NAME**

The name of the Limited Liability Company is:  
**1234 NE 5<sup>th</sup> AVENUE, LLC**

**ARTICLE II – ADDRESS**

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

Principal Office Address:

35 Lockwood Avenue  
Old Greenwich, CT 06870

Mailing Address:

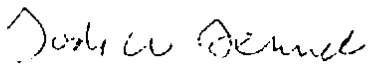
35 Lockwood Avenue  
Old Greenwich, CT 06870

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Todd W. Fennell, Esquire  
Gould Cooksey Fennell  
979 Beachland Boulevard  
Vero Beach, FL 32963

Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Statutes.

  
\_\_\_\_\_  
Todd W. Fennell, Registered Agent

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Managers of the Limited Liability Company shall be Thomas B. Wasserman and Robyn Wasserman.

**IN WITNESS WHEREOF**, the undersigned, an authorized representative of a member of the Limited Liability Company, has affixed his/her signature this 30<sup>th</sup> day of April, 2019.

  
\_\_\_\_\_  
Todd W. Fennell, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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