

L19000232375

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000284675 3)))



H190002846753ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 SEP 23 AM 9:53
SECRETARY OF STATE
PALM BEACH, FL

FILED

**FLORIDA LIMITED LIABILITY CO.
PALM BEACH DYNAMICS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PALM BEACH DYNAMICS, 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:
15133 66 TH CT. N	15133 66 TH CT. N
LOXAHATCHEE, FL. 33470	LOXAHATCHEE, FL 33470

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:

CHARLES NAVARRETE

Name

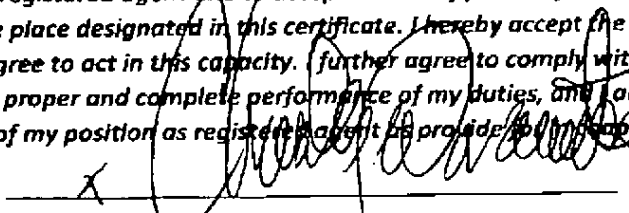
15133 66TH CT N.

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

LOXAHATCHEE	FL	33470
City	State	Zip

FILED
 2019 SEP 23 AM 9:53
 SECRETARY OF STATE
 PALM BEACH, FL

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:

Title: **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

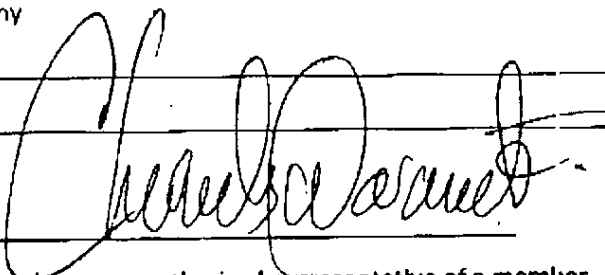
<u>AMBR</u>	CHARLES NAVARRETE 15133 66 TH CT. N LOXAHATCHEE, FL. 33470
-------------	---

AMBR	ANA M ARROYO 15133 66 TH CT. N LOXAHATCHEE, FL. 33470
------	--

2019 SEP 23 AM 9:53
 SECRETARY OF STATE
 TALLAHASSEE, FL
 2019 SEP 23

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE: 

_____ X

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.