

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	_

Office Use Only



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01/07/20--01004--003 **125.00

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200 JW -6 PH 4 04

2020 JAN -6 PM 1:46 SECRET CALCADANE

CAPITAL CONNECTION, INC.

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

495 Forest Hill Blvd	Investment L	LC		
			A	art of Inc. File
				TD Partnership File
				oreign Corp. File
				.C. File
				ictitious Name File
				rade/Service Mark
		į.		derger File
				Art, of Amend, File
				tA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
				Рного Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
P:				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth	0.1.10.6.10.0			UCC 1 or 3 File
	01/06/20			UCC 11 Search
Name	Date	Time	,	UCC 11 Retrieval
Walk-In Thomselve GA arcc	Will Pick Up			Courier

COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT	1495 Forest Hill Blvd Investment., I	LLC.
SUBJECT		imited Liability Company
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retu	n all correspondence concerning this u	natter to the following:
	Cris Boyar	
	-	Name of Person
		Firm/Company
	5551 North University Drive, Suite 10	
		Address
	Coral Springs, Florida 33067	
_	Boyarlaw@gmail.com	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further in	formation concerning this matter, plea	se call:
	Cris Boyar at (954 971-3777
		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
1495 Forest Hill Blvd Investment., 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:			
5551 North University Drive	5551 North University Drive		
Suite 102	Suite 102		
Coral Springs, Florida 33067	Coral Springs, Florida 33067Cris Boy		
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)			

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

Name

S551 North University Drive, Suite 102
Florida street address (P.O. Box NOT acceptable)

Coral Springs Florida 33067

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)

020 JAN -6 PH 1:46

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 Cris Boyar AMBR 5551 North University Drive, Suite 102 Coral Springs, Florida 33067 Jared Perlin **AMBR** 11575 Heron Bay Blvd Coral Springs, Florida 33076 Peter A Wiesner MGR 1593 Trotter Court Wellington, Florida 33414 MGR Barry S Birkenholz 7411 West Upper Ridge Drive Parkland, Florida 33067 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 6, 2020 _. (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 SIGNATURES Signature of a member or an authorized representative of a member.

Typed or printed name of signee

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

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

ATTACHMENT

MGR Mindi S Birkenholz

7411 West Upper Ridge Drive Parkland, Florida 33067

MGR Anthony C Soviero

1025 West Indiantown Road Suite #106

Jupiter, FL 33458

MGR Keith Goldblum

> 6340 NW 120th Drive Coral Springs, FI 33076

MGR Adam Boyar

30012 Fairway Vista Drive Fair Oaks Ranch, TX 78015



COVER LETTER

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SUBJEC		Name of Limited Liability Company			
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		Firm/Company			
	5551 North University Drive, Suite 102,				
		Address			
	Coral Springs, Florida 33067				
	Boyarlaw@gmail.com	City/State and Zip Code			
	E-mail address: (to be us	sed for future annual report notification)			
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