

L20000340476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

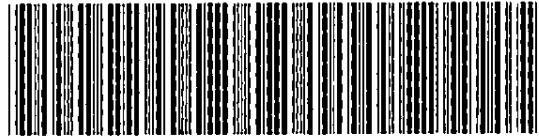
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -2 PM 12:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 NOV -2 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE, 11/2/2020

PRIORITY Routine

OUR REF # (Order ID#), 862116

ORDER ENTITY
185 4TH AVE S LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
185 4TH AVE S LLC (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:
\$155.00 Authorized
Email address for annual report reminders: gps@dacostarei.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MS" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2020

INCORPORATING SERVICES, LTD.

SUBJECT: 185 4TH AVE S LLC
Ref. Number: W20000126652

We have received your document for 185 4TH AVE S LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Manager in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 420A00021904

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2020 NOV -5 PM 12:32

Division of Corporations
TALLAHASSEE, FLORIDA

FILED

2020 NOV -2 AM 8: 11

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

185 4TH AVE S 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:

1883 W ROYAL HUNTE DR STE 200A
CEDAR CITY UT 84720

Mailing Address:

1883 W ROYAL HUNTE DR STE 200A
CEDAR CITY UT 84720

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:

<u>Registered Agent Solutions, Inc.</u>		
Name		
<u>155 Office Plaza Dr., Suite A</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee</u>	<u>Florida</u>	<u>32301</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:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR _____

Name and Address:

CARLY A DACOSTA
1883 W ROYAL HUNTER DR STE 200A
CEDAR CITY UT 84720

SECRETARY OF STATE
TALLAHASSEE, FL

2009 NOV -2 AM 8:11

FILED

(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.

CARLY A DACOSTA

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)