

L2100099459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

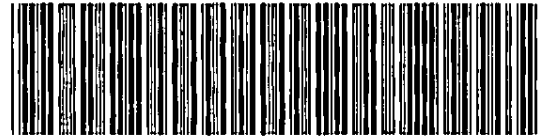
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WB100028087

Office Use Only



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2021 MAR -8 PM 12:20
STATE
TARRANT

3/10/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2021

DAVID R. BOWERS
P.O. BOX 3475
WEST PALM BEACH, FL 33402 US

SUBJECT: 923 HOLDINGS LLC
Ref. Number: W21000028087

We have received your document for 923 HOLDINGS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 521A00004336

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CORPORATION

J O N E S
F O S T E R

March 4, 2021

VIA FEDERAL EXPRESS

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Rejected Filing No. W21000028087; 923 Holdings, LLC

To Whom It May Concern:

Please find enclosed the corrected Articles of Organization for the above-referenced entity.

Sincerely yours,

JONES FOSTER P.A.



Rachel N. Francis

Paralegal

RNF:RNF
Enclosure

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E S T .
1 9 2 4

rfrancis@
jonesfoster.com
561-650-0484 T
561-650-5300 F

505 S. Flagler Drive
Suite 1100
West Palm Beach
Florida 33401

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 923 HOLDINGS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DAVID E. BOWERS

Name of Person

JONES FOSTER SERVICE, LLC

Firm/Company

P.O. BOX 3475

Address

WEST PALM BEACH, FLORIDA 33402

City/State and Zip Code

JFSERVICE@JONESFOSTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID E. BOWERS 561 650-0451

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)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

923 HOLDINGS 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:

1800 E. SUNRISE BLVD.
FORT LAUDERDALE, FLORIDA 33304

1800 E. SUNRISE BLVD.
FORT LAUDERDALE, FLORIDA 33304

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:

JONES FOSTER SERVICE, LLC

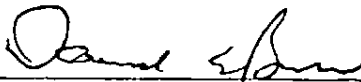
Name

505 S. FLAGLER DRIVE, SUITE 1100

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

<u>WEST PALM BEACH</u>	<u>FLORIDA</u>	<u>33401</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)

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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

MGR

ANTONELLA DI LEO
1800 E. SUNRISE BLVD.
FORT LAUDERDALE, FLORIDA 33304

(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:

Antonella Di Leo mgr.

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.

Antonella Di Leo

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)

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