

La 1000141707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

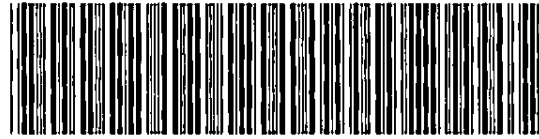
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/06/21--01002--011 **130.00

21 APR -5 PM 4:14

2021 APR -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. 1630 Treasure Drive LLC

Name

Document Number (if known)

 x Walk in

 Will wait

 Certified Copy

 X Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 X Limited Liability

 Domestication

 INC

 OTHER - Corp

AMENDMENTS

 Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Conversion

 Merger

OTHER FILINGS

 Annual Report

 Fictitious Name

 Statement of Authority

 APOSTIL ()

COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Limited Partnership

 Reinstatement

 Trademark

 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1630 S Treasure Drive 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:

John Navarro

Name of Person

John Navarro PA

Firm/Company

7315 ALLEN DR

Address

Hollywood FL 33024

City/State and Zip Code

john@johnanavarropa.com

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

For further information concerning this matter, please call:

john navarro 954 445-7401
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2021 APR -5 AM 10: 58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

1630 S Treasure Drive LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

1630 S Treasure Drive

7315 Allen Dr.

North Bay Village, FL 33141

Hollywood, FL 33024

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:

John A. Navarro, PA

Name

7315 Allen Dr.

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

Hollywood

FL

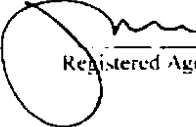
33024

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

Name and Address:

MGR

PMI MANAGEMENT GROUP, LLC
8 The Green Suite A Dover DE 19901

SECRETARY OF STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/2/2021 (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.

Any and all lawful business.

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.

Helene Lancaster

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)