

L21000209383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

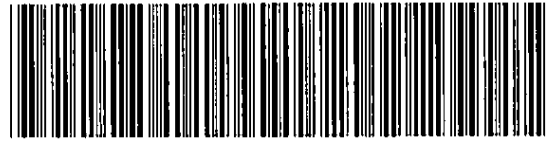
(Business Entity Name)

(Document Number)

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- CERTIFIED COPY** _____
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1. 419 Michigan LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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**ARTICLES OF ORGANIZATION
FOR
419 MICHIGAN, LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: 419 Michigan, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

419 E Michigan St
Orlando, FL 32806

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

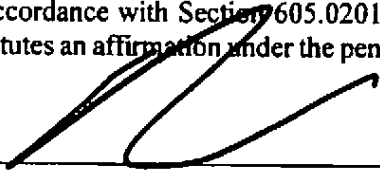
The address of the initial registered office of the Company in the State of Florida is 7320 E. Fletcher Avenue, Tampa, Florida 33637, and the name of the registered agent at such address is Dickens Wealth Management, LLC.

ARTICLE IV — MANAGEMENT:

The Company shall be managed by one or more Managers. The names and addresses of the initial Managers are:

Robert Bair
4226 Belle Grove Court
Belle Isle, FL 32812

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 12 day of May 2021. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Robert Bair, Organizer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

419 Michigan, LLC


2. The name and address of the registered agent and office is:

Dickens Wealth Management, LLC
7320 E. Fletcher Avenue
Tampa, Florida 33637

SECRETARY OF STATE
TALLAHASSEE, FL

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Robert Bair, Organizer

5.12.21

DATE

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.

DICKENS WEALTH MANAGEMENT, LLC

By: CDK
Print Name: Chris Dickens
Title: VP

5.12.21

DATE