

L21000294026  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
Account Number : 072100000047  
Phone : (561)659-1770  
Fax Number : (561)833-2261

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: steve207655@gmail.com

FILED  
21 JUN 24 PM 12:43  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
3318 GREENWAY DR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 JUN 24 AM 11:31

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 3318 GREENWAY DR 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:

Steven Menezes  
Name of Person  
  
Firm/Company  
  
717 Dakota Drive  
Address  
  
Jupiter, FL 33458  
City/State and Zip Code  
  
steve207655@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis L. Hamby III      561      659-1770  
Name of Person      Area Code      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3318 GREENWAY DR 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:

717 Dakota Drive  
Jupiter, FL 33458

717 Dakota Drive  
Jupiter, FL 33458

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:

Sirven Menezes

Name

717 Dakota Drive

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

Jupiter

FL

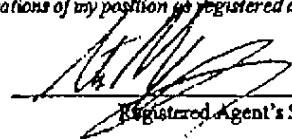
33458

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)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

21 JUN 24 PM 12:43

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