

H21000318618
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000263735 3)))



H210002637353ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
5401 SOUTH OLIVE AVENUE, LLC**

12/13/21

2021 JUL 12 PM 4:08

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*****PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 7/8/21*****



July 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: 5410 SOUT OLIVE AVENUE, LLC
REF: W21000098179

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000263735
Letter Number: 221A00015692

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED



July 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: 5401 SOUTH OLIVE AVENUE, LLC
REF: W21000099036

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Registered agent name must be listed exactly as it appears on DOS records

Please return the corrected original and one copy of 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.

Steve J Kurisko
Regulatory Specialist II
New Filings

FAX Aud. #: H21000263735
Letter Number: 021A00015847

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5401 South Olive Avenue, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Maureen Lessard
Name of Person

Bass, Doherty & Phibbs, P.C.
Firm/Company

40 Soldiers Field Place
Address

Boston, MA 02135
City/State and Zip Code

mlessard@bassdoherty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Lessard at (617) 787-5551
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)

Mailbox 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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5401 South Olive Avenue, 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:

77 Possum Road

Weston, MA 02493

77 Possum Road

Weston, MA 02493

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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd Floor

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

Tallahassee

FL

32301

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.



Yvette Cleveland, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:


<u>Title:</u>	<u>Name and Address:</u>
AMBR = Authorized Member	
MGR = Manager	
<u>MGR</u>	Jennifer K. Silver 77 Peesum Road Weston, MA 02493
_____	_____
_____	_____
_____	_____

(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, P.S.

Jennifer K. Silva
 Typed or printed name of signer

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)

SECRETARY OF STATE
 TALLAHASSEE, FL

2021 JUL -8 PM 7:23

FILED