

L21000368445

(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



100370211761

2021 AUG -5 PM 4:56
SECTION OF STATE
TALLAHASSEE FL

RECEIVED
2021 AUG -5 AM 11:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: 1635 JEAN LAFITTE HMI VESSEL LLC
Ref. Number: W21000109878

We have received your document for 1635 JEAN LAFITTE HMI VESSEL LLC and your check(s) totaling \$. 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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 821A00018698

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2021 AUG 17 PM 4:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1635 Jean Lafitte HMI Vessel 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:

BRAD D. SHALIT

Name of Person

CONNELL FOLEY LLP

Firm/Company

56 LIVINGSTON AVENUE

Address

ROSELAND, NJ 07068

City/State and Zip Code

rwiliamsiv@crdpt.com

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

For further information concerning this matter, please call:

BRAD D. SHALIT

973

535-0500

Name of Person

at (_____) _____

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

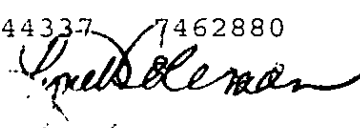
Street Address

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 944337 7462880

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : August 4, 2021

ORDER TIME : 10:37 AM

ORDER NO. : 944337-005

CUSTOMER NO: 7462880

DOMESTIC FILING

NAME: 1635 JEAN LAFITTE HMI VESSEL
LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1635 Jean Lafitte HMI Vessel 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:

c/o Cardinal Point Management, LLC
4488 W. Boy Scout Blvd. - Suite 250
Tampa, FL 33607

Mailing Address:

c/o Cardinal Point Management, LLC
4488 W. Boy Scout Blvd. - Suite 250
Tampa, FL 33607

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:

Rufus J. Williams IV

Name

c/o Cardinal Point Mgt LLC, 4488 W Boy Scout Blvd, Ste 250
Florida street address (P.O. Box **NOT** acceptable)

<u>Tampa</u>	<u>FL</u>	<u>33670</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.

Corporation Service Company

By



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~Rufus J. Williams IV~~ MGR

Name and Address:

Rufus J. Williams iv

c/o Cardinal Point Management, LLC

4488 W. Boy Scout Blvd. - Suite 250

Tampa, FL 33607

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

(Use attachment if necessary)

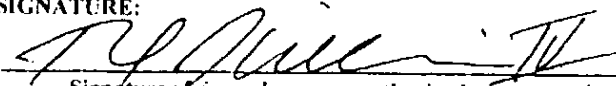
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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, F.S.

RUFUS J. WILLIAMS IV

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)