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.

(((H22000092726 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

P11	Address:			

FLORIDA LIMITED LIABILITY CO. Osbee South LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Osbee South LLC				
(Must end	with the words "Limited"	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street ac	ddress of the principal of	fice of the Limites	l Liability Company is.	
<u>Princip</u> :	al Office Address:		Mailing Address:	
7771 Blue Heron Wa	iy	777	1 Blue Heron Way	
West Palm Beach, FI	. 33412	We	st Palm Beach, FL 33412	
				
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a The name and the Florida street a	cannot serve as its own I setive Florida registration address of the registered:	Registered Agent.	nt's Signature: You must designate an individual or	פבטייבוי
The Limited Liability Company mother business entity with an a	cannot serve as its own l active Florida registration	Registered Agent.		ZUZZ TAK TI
The Limited Liability Company mother business entity with an a	cannot serve as its own I setive Florida registration address of the registered:	Registered Agent. agent are Name		
The Limited Liability Company mother business entity with an a	cannot serve as its own I setive Florida registration address of the registered Alan P. Ruines	Registered Agent.) agent are Name	You must designate an individual or	2022 TARK TO THE SAME
The Limited Liability Company mother business entity with an a	cannot serve as its own I active Florida registration address of the registered Alan P. Raines 7771 Blue Heron Way	Registered Agent.) agent are Name	You must designate an individual or	,-·:

Having been named as registered agent and to accept service of process for the above stated limited lightlity 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)

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	Title: "AMBR" - Authorized "MGR" - Manager	Member	Name and Address:
MGR Manage:		Alan P. Raines 7771 Blue Heron Wav West Palm Beach, Fl. 33412	
		•	
		-	
	(Use attachment if nece	ssary)	
(If an ef the date <u>Note:</u> I	Tective date is listed, the of filing.) If the date inserted in this	date must be specific and	(OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as a records
	LE VI: Other provisions,	·	

	REQUIRED SIGNAT	URE.:	Starting
	S This do I am av	fignature of a member or soument is executed in acc vare that any false informa	an authorized representative of a member, cordance with section 605 0203 (1) (b), Florida Statutes tion submitted in a document to the Department of State as provided for in s.817.155, F.S.

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)

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