

L22000214201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

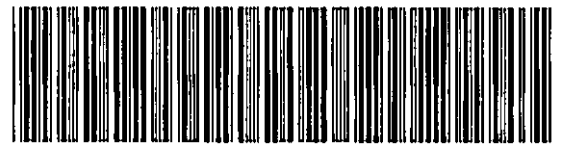
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/22--01006--007 **130.00

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STATE
FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 175 4TH STREET, 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:

STEPHEN N. WILCHINS, ESQ.

Name of Person

WILCHINS COSENTINO & NOVINS, LLP

Firm/Company

20 WILLIAM STREET, SUITE 130

Address

WELLESLEY, MASSACHUSETTS 02481

City/State and Zip Code

legaladmin@wcnllp.com

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

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For further information concerning this matter, please call:

STEPHEN N. WILCHINS at (781) 235-5500
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:

175 4TH STREET, 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:

175 4TH STREET
KEY COLONY BEACH, FL 33051

175 4TH STREET
KEY COLONY BEACH, FL 33051

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 FL

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..

Taylor Seay Taylor Seay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ALEXANDER G. CUMBO
175 4TH STREET
KEY COLONY BEACH, FL 33051

AMBR

Marci G. Cumbo & Alexander Cumbo, Trustees
Marci G. Cumbo Revocable Trust u/a/t dated 12/5/2018
3 ESSEX ROAD, BELMONT, MA 02478

(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:

DocuSigned by:
Alexander G. Cumbo

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.

ALEXANDER G. CUMBO
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)

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WILCHINS COSENTINO & NOVINS

Exceptional Service. Exceptional Value.

April 14, 2022

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

#7021 0350 0000 1851 2360

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 175 4TH STREET, LLC

Dear Sir or Madam:

Enclosed herewith with regard to the above-named entity, please find the following:

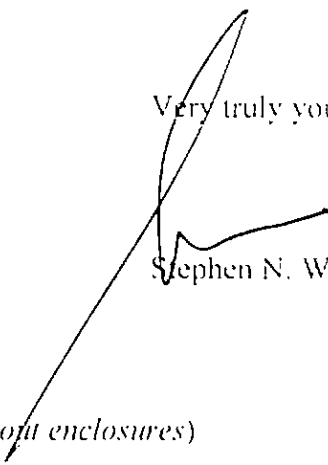
1. Copy of the Articles of Organization for 175 4TH STREET, LLC; and
2. Check for \$130, for the Filing Fee for Articles of Organization and Designation of Registered Agent and Certificate of Status.

Kindly acknowledge receipt by date stamping the enclosed copy of this letter and returning it to me in the self-addressed stamped envelope provided for your convenience.

If you have any questions or concerns please contact Stephen N. Wilchins of Wilchins Cosentino & Novins, Wellesley Office Park, 20 William Street, Suite 130, Wellesley, MA 02481, phone 781-235-5500.

Thank you for your assistance and attention to this matter.

Very truly yours,


Stephen N. Wilchins

SNW/degjii

cc: Brendan M. McGrory, Esq. (*without enclosures*)

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