

L22000215545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

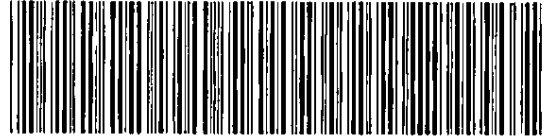
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAY 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2022 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: 130.00
AUTHORIZATION SIGNATURE: *[Signature]*

13064 LLC
BUSINESS (Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (please stamp each page)

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP

AMMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion .

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Domestication of Foreign Corp.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 13064 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:

Edward Proenza
Name of Person

Jeck, Harris, Raynor & Jones, P.A.
Firm/Company

790 Juno Ocean Walk, Suite 600
Address

Juno Beach, Florida 33408
City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Proenza 561 713-2098
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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Elizabeth Grace Cohen Successor Trust
13064 55th Street South
Wellington, Florida 33449

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TALLAHASSEE, FL

(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:

(Handwritten 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.

Jeffrey Raynor, V.P., Jeck, Harris, Raynor & Jones, P.A.
Typed or printed name of signee

Filing Fees:

- S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)