

L22000274706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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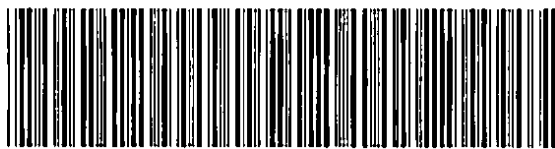
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DATE: 6/15/2022

NAME: 101 Highland LLC

TYPE OF FILING: Articles

COST: \$125.00

RETURN: plain copy please

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be "Abbie/Paul Hodge", written over the authorization text.

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SECRETARY OF STATE  
TALLAHASSEE, FL

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:**

52 Sylvan Lane Weston MA 02493

(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.)

Registered Agent Solutions, Inc.

Name \_\_\_\_\_

155 Office Plaza Dr., Suite A

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

Tallahassee, FL 32301

City

State

Zip

/s/ Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Evie Abraham  
52 Sylvan Lane Weston MA 02493

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(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:**

/s/ Evie Abraham

**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.

Evie Abraham

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)