

122000294798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

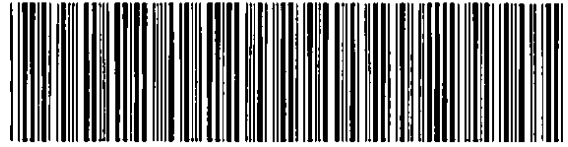
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2022 JUL -1 AM 8: 29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 781894 4328337

AUTHORIZATION :

COST LIMIT : \$ 155.00



ORDER DATE : June 30, 2022

ORDER TIME : 8:58 AM

ORDER NO. : 781894-010

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: 1185 8TH AVE NORTH, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

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TALLAHASSEE, FL  
CORPORATION SERVICE COMPANY

**COVER LETTER**

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

**SUBJECT:** 1185 8th Ave North, 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:

Marlene Marsh, Paralegal

\_\_\_\_\_  
Name of Person

Dentons Cohen & Grigsby P.C.

\_\_\_\_\_  
Firm/Company

625 Liberty Avenue, 5th Floor

\_\_\_\_\_  
Address

Pittsburgh, PA 15222

\_\_\_\_\_  
City/State and Zip Code

fehlix.mehler@dentons.com

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

For further information concerning this matter, please call:

Marlene Marsh                      412                      297-4993  
\_\_\_\_\_  
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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1185 8th Ave North, 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:

1185 8th Ave North  
Naples, FL 34102

P.O. Box 20039 Clarence  
Brantford, Ontario N3R 0A4  
Canada

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:

Dentons Cohen & Grigsby P.C., Inc.

Name

9110 Strada Place, Suite 6200

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

Naples

FL

34108

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..*

Dentons Cohen & Grigsby P.C., Inc.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
(TALLAHASSEE, FLORIDA)

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**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:**

AMBR

Patricia Louise Biesecke  
P.O. Box 20039 Clarence  
Brantford, Ontario N3R 0A4, Canada

AMBR

John McBroom Dimitrieff  
P.O. Box 20039 Clarence  
Brantford, Ontario N3R 0A4, Canada

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 30, 2022 (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:**

*Marlene Marsh*

**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.

Marlene Marsh, Authorized Representative

**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)

STATE OF FLORIDA  
DEPARTMENT OF STATE

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