L23000241485

(Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	tatus
Special Instructions to Filing Officer	
	·

Office Use Only



500408544785

23 MAY 16 FM 3: 03 SELECTA TO A STATE FALLAPASSET OF THE

SECHENAL OF STATE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/16/23

NAME:

2321 RE MANAGEMENT, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

.1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ı.	ARTICLES OF ORGANI	ZAHONFORI	FLORIDA LIMITE	DLIABILITY COMPANY		
	ARTICLE 1 - Name: The name of the Limited Liability Compa.	nv is:				
	The name of the Elimited Elability Compa	, 13.				
	2321 RE Management, LLC					
			Liability Company	y, "L.L.C.," or "LLC.")		
	ARTICLE II - Address: The mailing address and street address of	the principal o	ffice of the Limite	d Liability Company is:		
	Č				_	
	Principal Office	Address:		Mailing Address:	·	
	2321 NW 4th St.#1-2		663	0 NW 122nd Ave.		
	Pompano Beach, FL 33069		Par	kland, FL 33076		
	ARTICLE III - Registered Agent, Regis	stared Office	& Dogistared Age	ant's Signatura		
	(The Limited Liability Company cannot so another business entity with an active Flo	erve as its own	Registered Agent		dual or	
	The name and the Florida street address o	f the registered	agent age:		\mathcal{F}_{o} .	
	The name and the Florida street address o	ine registered	agent are.		23 SEC	
	<u>Valenti</u>	no F. Gifford		<u> </u>	A HA	
			Name		\$37 T.	,
	6630 N	W 122nd Ave.			<u>्र</u> ्थ के ज	177
	Florida street address (P.O. Box <u>NOT</u> acceptable)					i di Perm
	Park)an	d	FL	33076	သ - ၂ (၂)	The state of
		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..

Valentina Gifford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR .	Valentino F. Gifford 6630 NW 122nd Ave. Parkland, FL 33076
15.	
(Use attachment if necessary)	SE S
•	ate of filing: (OPTIONAL) A SCENIE AND SCENIE AN
CLE V: Effective date, if other than the date feetive date is listed, the date must be s	ate of filing: (OPTIONAL) = \$\frac{1}{2}\$ specific and cannot be more than five business days prior to or 90 days
te of filing.)	<u> </u>
If the date inserted in this block does no cument's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be lint of State's records.
CLE VI: Other provisions, if any.	

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.

Valentino F. Gifford, Authorized Representative

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)