

L24000052298

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000040619 3))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

2024 JAN 30 PM 3:14

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: chuck@stutourban.com

**FLORIDA LIMITED LIABILITY CO.
311 NE Golfview LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 JAN 30 PM 5:48
STATE DEPARTMENT OF REVENUE

FILED

H24000040619

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

311 NE Golfview LLC

(Must end with 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:

311 NE Golfview Circle
Stuart, FL 34996

311 NE Golfview Circle
Stuart, FL 34996

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.)

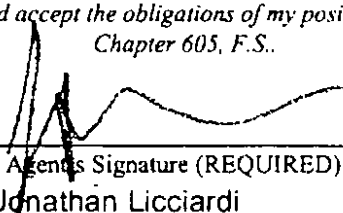
The name and the Florida street address of the registered agent are:

Jonathan Licciardi
Name

311 NE Golfview Circle
Florida street address (P.O. Box **NOT** acceptable)

Stuart City FL 34996 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..



Registered Agent's Signature (REQUIRED)
Jonathan Licciardi

(CONTINUED)

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CLERK OF COUNTY CLERK
HAWAII COUNTY, FL

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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

AMBR

Name and Address:

Jonathan Licciardi

311 NE Golfview Circle

Stuart, FL 34996

AMBR

Christian Licciardi

311 NE Golfview Circle

Stuart, FL 34996

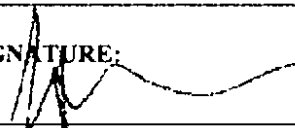
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Jonathan Licciardi

Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FL
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