

K24000127123
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H24000102712 3)))



H240001027123ABCT

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

From:
 Account Name : RABIDEAU KLEIN
 Account Number : I20200000035
 Phone : (561)655-6221
 Fax Number : (561)655-3221

2024 MAR 18 PM 12:11

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

Email Address: DKLEIN@RABIDEAUKLEIN.COM

FLORIDA LIMITED LIABILITY CO.
220 ARABIAN ROAD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2024 MAR 18 PM 4:00

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 220 ARABIAN ROAD, 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:

DAVID E. KLEIN
Name of Person
RABIDEAU KLEIN
Firm/Company
440 ROYAL PALM WAY, SUITE 101
Address
PALM BEACH, FL 33480
City/State and Zip Code
DKLEIN@RABIDEAUKLEIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARRETT ELLIS at (561) 655-6221
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

2024 MAR 18 PM 4:00
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

220 ARABIAN ROAD, 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:

440 ROYAL PALM WAY, SUITE 101
PALM BEACH, FL 33480

Mailing Address:

440 ROYAL PALM WAY, SUITE 101
PALM BEACH, FL 33480

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:

DAVID E. KLEIN

Name

440 ROYAL PALM WAY, SUITE 101

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

PALM BEACH FL 33480

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2024 MAR 18 PM 4:00
STATE OF FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MARK MARCELLO
5009 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33405

MGR

MARC JULIEN
755 NW 17TH AVENUE, SUITE 107
DELRAY BEACH, FL 33445

(Use attachment if necessary)

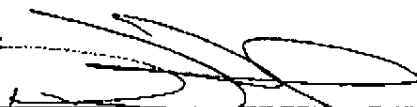
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

DAVID E. KLEIN

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)

STATE
 DEPARTMENT OF
 REVENUE
 FL
 2024 MAR 18 PM 4:01
 FILED