

124600 177123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

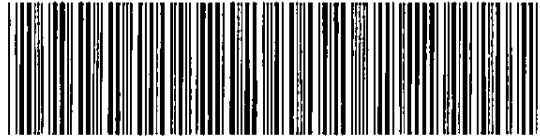
(Business Entity Name)

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**Department of State**  
**Division of Corporations**

**American Expediting (Stealth Courier)**

1531 Commonwealth Business Dr Suite 105

Tallahassee, FL. 32303

850-294-5632

Date- 4/18/2024

**Stealth Courier Box**

Requester: Azurede Ross

Company: Meridian Partners

Job# : 15244075

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**Division of Corporations**

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Job# : 15244075

APR 19 2024  
TALLAHASSEE, FL 32303

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2901 CENTER PORT HOLDINGS 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:

AZUREDE ROSS  
Name of Person  
MERIDIAN PARTNERS LAW P.A.  
Firm/Company  
4923 W. CYPRESS ST.  
Address  
TAMPA, FL 33607  
City/State and Zip Code  
AZUREDE@MERIDIANPARTNERSLAW.COM  
E-mail address: (to be used for future annual report notification)

2024 APR 18 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

AZUREDE ROSS 813 443-5260  
Name of Person at ( ) 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 APR 18 PM 6:04

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2901 CENTER PORT HOLDINGS 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:

216 VILLAGE ROAD  
GREEN VILLAGE, NJ 07935

Mailing Address:

216 VILLAGE ROAD  
GREEN VILLAGE, NJ 07935

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:

BRYAN W. SYKES, ESQ.

Name

4923 W. CYPRESS STREET

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

TAMPA

FL

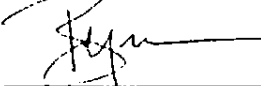
33607

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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**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:**

MGR

ABHINOV SINGH  
216 VILLAGE ROAD  
GREEN VILLAGE, NJ 07935

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/17/2024 (OPTIONAL)

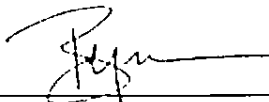
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

ANY AND ALL LAWFUL BUSINESS

**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.

BRYAN W. SYKES/AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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MAY 10 2024  
FLORIDA DEPARTMENT OF STATE