

L2400021153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

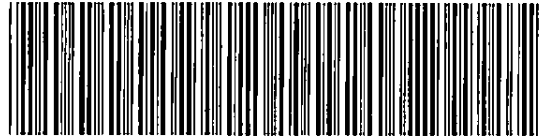
(Business Entity Name)

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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: _____
[Handwritten Signature]

NE 20 Deerfield LLC
BUSINESS (Name)

Document #

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- LLLP

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

REGISTRATION/QUALIFICATION

- Foreign Filing
- Limited Partnership
- Reinstatement
- Trademark
- Other

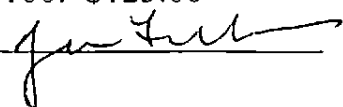
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TALLAHASSEE, FL
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EXAMINER'S INITIALS: _____

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STATE
ALLA/M
REC. FL
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EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NE 20 Deerfield 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:

2621 N Federal Highway Suite M
Boca Raton FL 33431

2621 N Federal Highway Suite M
Boca Raton FL 33431

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:

Dave Gembala
Name

2621 N Federal Highway Suite M
Florida street address (P.O. Box **NOT** acceptable)

<u>Boca Raton</u>	<u>FL</u>	<u>33431</u>
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.

Dave Gembala
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Dave Gembala
2621 N Federal Highway Suite M
Boca Raton FL 33431

(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:

Dave Gembala

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.

Dave Gembala

Typed or printed name of signee

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TALLAHASSEE FL

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)