L25000424102

TE
9-17-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100454445271

FILED
2025 SEP 16 PM 3:25

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

15TH AVENUE REDEVELOPMENT, LLC

Please Debit **FCA000000003** For: 125

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

ARTICLES OF ORGANIZATION

OF

15TH AVENUE REDEVELOPEMENT, LLC

ARTICLE 1
NAME

The name of the limited liability company is 15TH AVENUE REDEVELOPEMENT, LLC.

ARTICLE 2
ADDRESS

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 6401 Northwest 15th Avenue, Suite 122
Miami, Florida 33147

Mailing Address: 6401 Northwest 15th Avenue, Suite 122
Miami, Florida 33147

ARTICLE III
REGISTERED AGENT

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

Roxana I. Nasco, P.A.
2600 So. Douglas Road, Suite 913
Coral Gables, Florida 33134

ARTICLE IV
MANAGEMENT

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager Name and address: CHAUNCEY LOCKETT
6330 Northwest 15th Avenue
Miami, Florida 33147

Title: Manager Name and address: GORDEN E. KNOWLES
300 Northeast 150th Street
Miami, Florida 33166

ARTICLE V
EFFECTIVE DATE

Effective date, if other than the date of filing is September 12, 2025.

These Articles of Organization 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 Section 817.155, Florida Statutes.

Roxana I. Nasco, Authorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.

Roxana I. Nasco, Authorized Agent