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(Requestor's Name)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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EFFECTIVE DATE

2016 MAR 22 PM 2: 07

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COVER LETTER -

	Division of Corporations		ų, ė,	131
SUBJEC	1415 SE 31st Street, LLC			
BUBBLE	Name of Limited Liability	Company		
The enclo	osed Articles of Organization and fee(s) are submitted for	filing.		
Please ret	turn all correspondence concerning this matter to the follo	owing:		
	Jennifer L. Strickland, Paralegal			
	Name of Per	son		
	Mark A. Perry, PA			
	Firm/Compa	any		
	88 NE 5th Avenue			
	Address			
	Delray Beach, FL 33483			
	City/State and Z admin@bigorgagelandscaping.com	ip Code		
	E-mail address: (to be used for future annu	ial report notificat	ion)	
For further	information concerning this matter, please call:			
	Jennifer L. Strickland 561 2	76-4146		
	\	Daytime Telephon	e Number	
Enclosed	is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & \$155.00 F Certificate of Status	iling Fee & Copy opy is enclosed)	\$160.00 Fili Certificate of Certified Co (additional co	of Status &

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1415 SE 31st Street, 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:

1415 SE 31st Street,	8201 96th Court
Melrose, FL 32666	Boynton Beach, FL 33472-4405

Mailing Address:

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:

Principal Office Address:

Mark A. Perry, Esq.		
	Name	
88 NE 5th Ave	nue	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
Delray Beach	Florida	33483
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)

(ĆONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jeffrey S. Galit
	8201 96th Court South
	Boynton Beach, FL 33472-4405
MGR	Priscilla A. Galit
	8201 96th Court South
	Boynton Beach, FL 33472-4405
effective date is listed, the date mu	the date of filing: <u>May 1, 2016</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Deporter VI: Other provisions, if any. REQUIRED SIGNATURE:	es to be specific and cannot be more than five business days prior to or 90 days ces not meet the applicable statutory filing requirements, this date will not be light that of State's records.
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block document's effective date on the DepocLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that	st be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block document's effective date on the Depocher CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that constitutes a thin	of the meet of an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State.

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)