

From:

L17000081507

2017

#336 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000099619 3)))



H170000996193ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

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

Email Address: Fayak@flrr.com

FLORIDA LIMITED LIABILITY CO.

136 S. Atlantic, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

N. SAMS

APR 12 2017

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000099619 3)))

**ARTICLES OF ORGANIZATION
OF
136 S. ATLANTIC, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **136 S. ATLANTIC, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **3405 John Anderson Drive, Ormond Beach, FL 32176**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

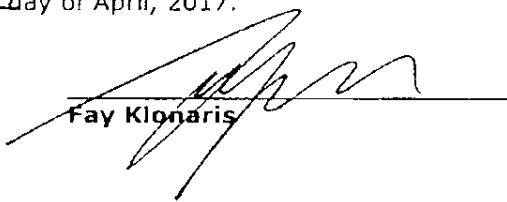
The name of the Registered Agent is **Fay Klonaris** and Florida street address of the registered agent is **3405 John Anderson Drive, Ormond Beach, FL 32176**.

**ARTICLE IV
MANAGEMENT**

The Company is managed by a Manager. The person initially appointed as Manager is **Fay Klonaris**.

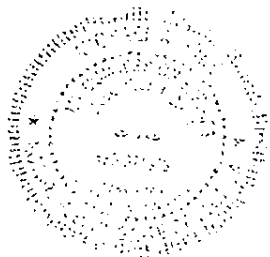
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 4th day of April, 2017.

**STATE OF FLORIDA
COUNTY OF VOLUSIA**


Fay Klonaris

The foregoing instrument was acknowledged before me this 4 day of April, 2017, by **Fay Klonaris**, who ☒ is personally known to me, or ☐ presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.


Notary Public
Michael A. Pyle
(Printed Name)
My Commission Expires:

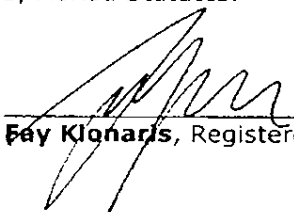


(((H17000099619 3)))

(((H17000099619 3)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.



Fay Klonaris, Registered Agent

(((H17000099619 3)))