

L18000248884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

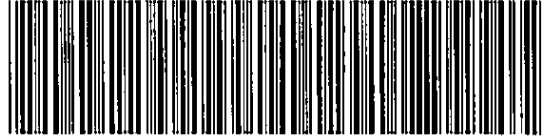
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18 OCT 23 AM 12:22

COVER LETTER

TO: , New Filing Section
Division of Corporations

SUBJECT: 1014 S M ST, 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:

ABEL CLAIRVOYANT

Name of Person

1235 HIGHLAND ROAD, LLC

Firm/Company

1162 LAKE TERRY DRIVE

Address

WEST PALM BEACH, FLORIDA 33411

City/State and Zip Code

psj2050@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABEL CLAIRVOYANT 561 293-1495

Name of Person Area Code 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
1014 S M ST, LLC

ARTICLE I – NAME

The name of the limited liability company is 1014 S M ST, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1162 Lake Terry Dr
West Palm Beach, Florida 33411

Mailing Address:
1162 Lake Terry Dr
West Palm Beach, Florida 33411

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Abel Clairvoyant
1162 Lake Terry Dr
West Palm Beach, Florida 33411

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.

Clairvoyant Abel
Abel Clairvoyant

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ARTICLE IV - MANAGER

The name and address of each person authorized to manage and control the Limited

Liability Company:

Title:

MGR

Name and Address:

Abel Clairvoyant

1162 Lake Terry Dr

West Palm Beach, Florida 33411

ARTICLE IV - MEMBERS

Name And Address Members of the Limited Liability Company:

Name And Address

#1

Title: Member

Name: CLAIRVOYANT, ABEL

Street Address: 1162 LAKE TERRY DR

City, State WEST PALM BEACH, FL

Zip Code & Country 33411, US

Name And Address #2

Title: Member

Name: CLAIRVOYANT, HUBERT

Street Address 13597 BARBERRY DR

City, State WELLINGTON, FL

Zip Code & Country 33414, US

REQUIRED SIGNATURE:

Clairvoyant Abel

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.

Abel Clairvoyant

Typed or printed name of signee

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