

# L19000247878

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 1502 CORUNA AVE, 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:

Robert Edwards, Esq.  
Name of Person

Choice Legal Group, PA  
Firm/Company

PO BOX 771270  
Address

Coral Springs, FL 33077  
City/State and Zip Code

Robert.Edwards@ChoiceLegalGroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Edwards, Esq. at ( 954 ) 453-0365 X1326  
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 INCORPORATION

### ARTICLE I – Name

The name of this Limited Liability Company shall be 1502 Coruna Ave, LLC.

### ARTICLE II – Address

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

#### Principal Office Address:

15 Maple Street  
Second Floor West  
Summit, NJ 07901

#### Mailing Address:

15 Maple Street  
Second Floor West  
Summit, NJ 07901

### ARTICLE III – Registered Agent, Office and Signature

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

Robert R. Edwards, Esq.  
1999 N. University Drive, Suite 201  
Coral Springs, FL 33077

*Having been named as registered agent and to accept service of process for the above stated limited liability 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

### 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

Darren Weaver

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 Maple Street  
Second Floor West  
Summit, NJ 07901

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TALLAHASSEE FLORIDA

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**ARTICLE V - EFFECTIVE DATE**

The effective date is the date of filing.


**ARTICLE VI - Other Provisions (if any)**

N/A

**REQUIRED SIGNATURE:**



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.



Typed or Printed Name of Signee