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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RABIDEAU KLEIN Account Number : I20200000035

Phone

: (561)655-6221 : (561)655-3221

Fax Number : (561)655-3221

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

Email Address: grabideau @ Tabideau Klein. com

FLORIDA LIMITED LIABILITY CO.

171 Via Bellaria, LLC

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$160.00

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Electronic Filing Menu

Corporate Filing Menu

Help

			COA	ER LETT	ER	a .
	New Filing Section Division of Corporate					4 7
SUBJEC	171 Via Bella	ırla, LLC				
SOLUEC	••	Name	of Lim	ited Liabili	ty Сотрапу	
The enclo	sed Articles of O	ganization and fe	e(s) are	submitted	for filing.	
Please ret	um all correspon	lence concerning t	his ma	tter to the f	ollowing:	
	Guy Rabideau					
				Name of	Person	
	Rabideau Kleir	1		•		
				Firm/Co	mpany	
	400 Royal Palı	n Way, Suite 404			,	
				Addr	ess	
	Palm Beach, F	lorida 33480				
	grabideau@rabl	deuklein.com	Ci	ty/State an	d Zip Code	
			e used	for future a	nnual report notificati	on)
For further	information conc	erning this matter,	please	call:		
	Garrett Ellis		56 at (i	655-6221	
	Name	of Person	- \-	ea Code	Daytime Telephon	e Number
Enclosed	is a check for the	following amount	:			
□\$125.0	0 Filing Fee	□\$130.00 Filing Centificate of Stat		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address ng Section of Corporations			Street Address New Filing Section Di The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKIYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
17. V. D. W	
171 Via Bellaria, LLC	
(Must conatin the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:
a smelput Office reduced.	TWILING FACTORS.
	215 Fifth Street
215 Fifth Street	215 Pitti Sueei
215 Fifth Street Suite 100	Suite 100
	

Guy Rabideau		
	Name	
400 Royal Palm Wa	y, Suite 404	
Florida street addres	s (P.O. Box NOT acc	eptable)
Palm Beach	Florida	33480
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 agreeistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	·
"MGR" = Manager	
MGR	Dan E. Swanson 215 Fifth Street, Suite 100
	215 Fifth Street, Suite 100
	West Palm Beach, FL 33401
	
	·
EV: Effective date, if other than	the date of filing: (OPTIONAL)
ective date is listed, the date mus of filing.)	es not meet the applicable statutory filing requirements, this date will not be
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		eliaria, LLC			
2022		Nar	ne of Limited Lia	bility Company	
The encl	osed Articles of	Organization and	fee(s) are submitt	ed for filing.	
Please re	turn all correspo	ondence concernin	g this matter to th	e following:	·
	Guy Rabidea	au			
			Name	of Person	
·	Rabideau Kl	lein			
			Firm/	Company	
	400 Royal P	alm Way, Suite 40)4		
		· · · · · · · · · · · · · · · · · · ·	Ac	ldress	
	Palm Beach	, Florida 33480			
	grabideau@ra	abideuklein.com	City/State	and Zip Code	
			be used for futur	e annual report notificat	tion)
For furthe	r information co	ncerning this matt	er, please call:		
	Garrett Ellis		561 at (655-6221	
	Nam	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed	l is a check for t	he following amou	ınt:		,
□\$125.	00 Filing Fee	□\$130.00 Filir Certificate of S	tatus Ceri	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations	.	New Filing Section D The Centre of Tallah	
	P.O. B	lox 6327 assec, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	· ·

ARTICLESOFURGANIZATION FUR HURID	A LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
171 Via Bellaria, LLC	
(Must conatin 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:
	1 7
Principal Office Address:	Mailing Address:
215 Fifth Street	215 Fifth Street
Suite 100	Suite 100
West Palm Beach, FL 33401	West Palm Beach, FL 33401
A DITTY CAY TO THE ACT OF THE ACT	
ARTICLE III - Registered Agent, Registered Office, & Regis	tered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	red 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 a	re:
•	
Guy Rabideau	
. Name	-
400 Royal Palm Way, Suite 4	04
Florida street address (P.O. B	ox NOT acceptable)

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.

Palm Beach

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

State

33480

Zip

ARTICLE IV-

"MGR" = Manager MGR Dan E. Swanson 215 Fifth Street, Suite 100 West Palm Beach, FL 33401 LV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tent's effective date on the Department of State's records. LVI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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. Guy Rabideau, Esquire Typed or printed name of signee Filing Fees:	"AMBR" = Authorized Member	Name and Address:
Dan E. Swanson 215 Fifth Street, Suite 100 West Palm Beach, FL 33401 LV: Effective date, if other than the date of filing:		•- •
Use attachment if necessary) LV: Effective date, if other than the date of filing:	"MGK" = Manager	
Use attachment if necessary) E. V: Effective date, if other than the date of filing:	MGR	Dan E, Swanson
West Falm Beach, FL 33401 Use attachment if necessary) LV: Effective date, if other than the date of filing:		215 Fifth Street, Suite 100
Use attachment if necessary) LV: Effective date, if other than the date of filing:		West Palm Beach, FL 33401
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