

L20000288462

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.

((H20000328013 3)))



H200003280133ABCT

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
SEP 21 2020
TALLAHASSEE, FLORIDA

20 SEP 21 PM 8:27

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
18301 SOUTH RIVER ROAD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

20 SEP 21 PM 1:26

Electronic Filing Menu

Corporate Filing Menu

Help

D OKFF

SEP 22 2020

DocuSign Envelope ID: 01EC2767-0ECF-46CA-9E9B-CD5DEBB4153E

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

18301 South River Road, LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

9380 Balado Street
Coral Gables, Florida 33156

9380 Balado Street
Coral Gables, Florida 33156

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:

Chad R. Loweth
Name

9380 Balado Street
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33156
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.

Designed by
Chad R. Loweth
135567717858407...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
20 SEP 21 PM 8:27
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 01EC2757-0ECF-48CA-9E8B-CD5DE9B41538

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMDR" = Authorized Member	
"MGR" = Manager	
MGR	Chad R. Lovell 9380 Balada Street Coral Gables, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: 
DocuSigned by:
1358E7717058437

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.

Chad R. Lovell _____
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

PUBLIC NOTICE
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 20 SEP 21 PM 8:27
 FILED