

L22000020268

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*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.  
POMPANOBACHVACATIONHOUSE, LLC

Certificate of Status	0
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HL

2022 JAN 18 PM 4:33:12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
JAN 18 2022

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PompanoBeachVacationHouse, 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:**

4111 NE 17th Terrace  
Pompano Beach, FL 33064

**Mailing Address:**

4111 NE 17th Terrace  
Pompano Beach, FL 33064

**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:

Capitol Corporate Services, Inc.

Name

515 E Park Ave. Floor 2

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      FL                      32301

City                      State                      Zip

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

*Taylor Seay*

Taylor Seay, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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