

11/29/23, 3:52 PM

(((H23000408365 3)))

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

527341

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.

(((H23000408365 3)))



H230004083653ABC+

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 : OSBORNE & OSBORNE, P.A.
 Account Number : Y20000000119
 Phone : (561)395-1000
 Fax Number : (561)368-6930

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

Email Address: RIM2@OSBORNEPA.COM

FLORIDA LIMITED LIABILITY CO.
 319 LAKE AVE., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 NOV 29 PM 2:31

P.L.S.

(((H23000408365 3)))

H23000408365 3

ARTICLES OF ORGANIZATION FOR 319 LAKE AVE., L.L.C.**ARTICLE I - Name:**

The name of the Limited Liability Company is:

319 LAKE AVE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4555 COQUINA ROAD TERRACE
OCEAN RIDGE, FLORIDA 33435

Mailing Address:

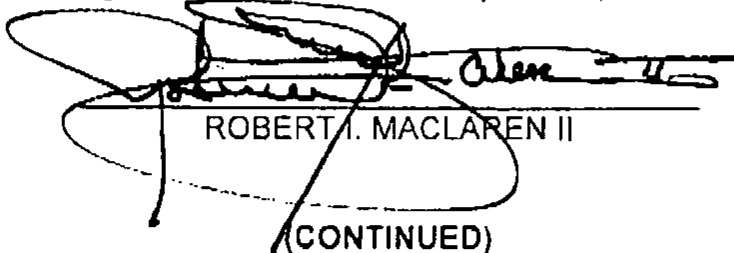
4555 COQUINA ROAD TERRACE.
OCEAN RIDGE, FLORIDA 333435

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROBERT I. MACLAREN II
1515 S. Federal Highway
Suite 106
Boca Raton, Florida 33432

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.


ROBERT I. MACLAREN II
(CONTINUED)

2023 NOV 29 PM 2:31

FILED

H23000408365 3

(((H23000408365 3)))

ARTICLE IV -

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ADDRESS

BHAVIN SHAH4555 COQUINA ROAD TERRACE
OCEAN RIDGE, FLORIDA 33435**ARTICLE V: Effective date is**

NOVEMBER 20, 2023

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 606.0203 (1) (b), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Robert I. MacLaren II

Typed or printed name of signee

(((H23000408365 3)))

2023 NOV 29 PM 2:31

FBI 11/29/23