

L050000294 25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

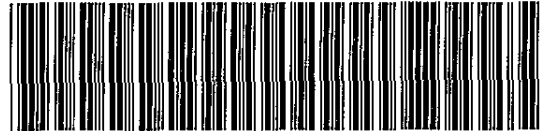
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BM*

Office Use Only



800048582988

03/24/05--01043--002 \*\*155.00

RECEIVED  
03 MAR 24 PM 11:31  
TALLAHASSEE  
FLORIDA

FILED  
05 MAR 24 PM 4:17  
TALLAHASSEE FLORIDA  
STATE

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

217 North, LLC

FILED  
05 MAR 24 PM 4:17  
SEALY STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
✓ \_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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

**FILED**  
05 MAR 24 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I-Name:**

The name of the Limited Liability Company is: **217 NORTH, LLC**

**ARTICLE II-Address:**

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

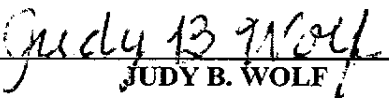
**5680-H West Cypress Street  
Tampa, Florida 33607**

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

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

**JUDY B. WOLF  
5680-H West Cypress Street  
Tampa, Florida 33607**

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 obligations of my position as registered agent as provided for in Chapter 608, F.S..

  
JUDY B. WOLF

**ARTICLE IV-Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**ARTICLE V-Manager(s) or Managing Members(s):**

The name and address of each Managing Member is as follows:

**Title:**

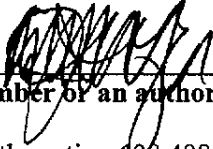
**JUDY B. WOLF**

**Name and Address:**

5680-H West Cypress Street, Tampa, Florida 33607

**ARTICLE VI-Effective Date:**

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

  
\_\_\_\_\_  
**Signature of member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution  
Of this document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

  
\_\_\_\_\_  
**JUDY B. WOLF**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**217 NORTH, LLC**

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

**JUDY B. WOLF  
5860-H West Cypress Street  
Tampa, Florida 33607**

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S..*

3-23-05  
Date

Judy B. Wolf  
JUDY B. WOLF