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PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SURJECT. Lot 13	00 Olympia, LLC		
30000011		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Elise Gro		Name of Person)	
Law Offic	e of Elise Gross,	, 	
	(Firm/Company)	
2500 N. I	Military Trail, Sui		
_	. =: :: 00.4	(Address)	
Boca Ra	ton, Florida 334	31 (State and Zip Code)	
	(9)		
For further information	concerning this matter, please	call:	
Elise Gross, E	sq.	at (561) 367-77 (Area Code & Daytime To	72
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:		
Lot 1300 Olympia, LLC (Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "	·L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liabili	ity Company is:	
Principal Office Address:	Mailing Address:		
2447 Quantum Bivd Boynton Beach, FL 33426	2447 Quantum Blvd Boynton Beach, FL 33426		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Warren Factor Na	egistered Agent. You must designate an individual of the registered agent are:	FILED SEULLAHASSEE, FLORIDA	
2447 Quantum Blvd			
Boynton Beach	t address (P.O. Box <u>NOT</u> acceptable) FL 33426 Ite, and Zip	: 18 IATE ORIDA	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the ap acity. I further agree to comply with the e performance of my duties, and I am fan egistered agent as provided for in Chapt	ppointment as provisions of all niliar with and	

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:		Name and Address:	
"MGR" = Mana	ger naging Member		
IVIORIVI — IVIA	naging Memoer		
MGRM		Warren Factor	
	•	2447 Quantum Blvd	
		Boynton Beach, FL 33426	
	•		
		<u> </u>	
			
			· ·
			
(Use attachment	if necessary)		
TICLE V. Effective	date if other than the	e date of filing: (OPTIONAL)
		be specific and cannot be more than five but	,
or 90 days after the d		specific and cannot be more than 1170 bu	siness days prio
1 yo dayb altor vite a			
REQUIRED SI	IGNATURE:	1/2	to o
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	Signature of a memb	er or an authorized representative of a member.	-2 A
		,	
		ection 608.408(3), Florida Statutes, the execution	
	that the facts stated	titutes an affirmation under the penalties of perjury	AM II: 18
	mat the mote stated	in with the state of	8 8
			⊅'''
	Ť	yped or printed name of signee	

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)