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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	<u> </u>
_	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE DIVISION OF STATE

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COVER LETTER

	gistration Sc vision of Co		•			
SUBJECT:	46th A	venue Villas LLC				
		(Name of Limite	d Liability Compa	ny)		
The enclose	d Articles of	f Organization and fee(s) are s	ubmitted for filing	5 .		
Please return	n all corresp	ondence concerning this matte	er to the following	:		
Jol	hn Roc	key				
			Name of Person)			
						2 2
		(Firm/Company)			MOR OCT 18
<u>48</u>	01 Orl	ando Ave.				
			(Address)			6
We	est Pal	lm Beach, Fl. 3	3417		-	PH
		(City	/State and Zip Code)		PH 2: 33
For further i	nformation (concerning this matter, please	call:			ω .
				007.40	5 0	
John Re		of Person)	at (561)	687.18	bU elephone Number)	
				·	•	
Enclosed is	a check fo	or the following amount:				
☑ \$125.00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	/	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding cutive Center ce, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

46th Avenue Villas LLC (Must end with the words "Limited Liability Company, "Limited	I Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Park Office	4801 orlando ave.
2828 N.W. 46th Ave.	west palm beach, fl. 33417
Okeechobee, Fl. 34972	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	red Agent. You must designate an individual or another Communication of the Communication of
Name	<u></u>
4801 orlando ave. Florida street addr	ress (P.O. Box NOT acceptable)
west palm beach	FL 33417
City, State, ar	
Having been named as registered agent and to a	ccept 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

mgrm	john rockey 4801 orlando ave. west palm beach, fl. 33417
mgrm	lilyan rockey 488 n. zebrawood pt. lecanto, fl. 34461
(Use attachment if necessary)	
	ne date of filing: (OPTIC be specific and cannot be more than five business
REQUIRED SIGNATURE:	

John Rockey

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)