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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SOUTHEAST 9TH STREET ASSOCIATES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M. Stanley, Esq.

(Name of Person)

MacMillan & Stanley, PLLC

(Firm/Company)

29 NE 4th Avenue

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Stanley, Esq.

(Name of Person)

at (561) 276-6363

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
SOUTHEAST 9TH STREET ASSOCIATES, LLC**

ARTICLE I

NAME

The name of the Limited Liability Company is SOUTHEAST 9TH STREET ASSOCIATES, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 3801 SE FEDERAL HIGHWAY, STUART, FLORIDA 34997.

The street address of the Limited Liability Company's principal office is 3801 SE FEDERAL HIGHWAY, STUART, FLORIDA 34997.

ARTICLE III

DURATION

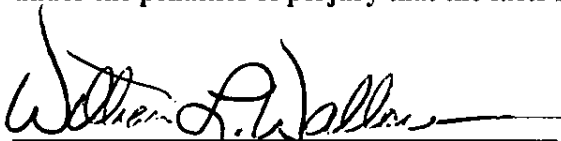
The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who is designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company. The sole member and managing member of this company is William L. Wallace, 3800 SE Federal Highway, Stuart, FL 34997.

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



**WILLIAM L. WALLACE
MANAGING MEMBER**

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

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY
COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

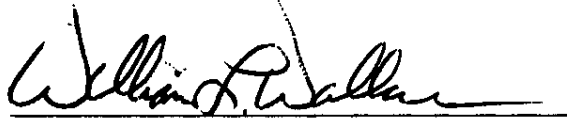
The name of the limited liability company is:

SOUTHEAST 9TH STREET ASSOCIATES, LLC

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

3801 SE FEDERAL HIGHWAY, STUART, FLORIDA 34997

**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.**



WILLIAM L. WALLACE

Registered Agent

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