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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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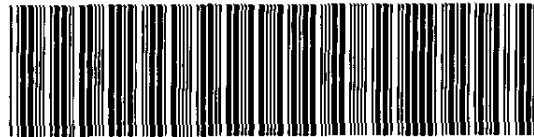
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company ("Company") is: 824-4 Partners LLC

**ARTICLE II - PRINCIPAL ADDRESS**

The mailing address and street address of the principal place of business of the Company is:  
c/o Steven A. Sciarretta, Esquire, 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

**ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the Registered Agent are:  
STEVEN A. SCIARRETTA  
c/o Steven A. Sciarretta, P.A., 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431.

I am familiar with and hereby accept the obligations to act as Registered Agent.

  
STEVEN A. SCIARRETTA

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who are to serve as manager(s) is/are:

Steven Sciarretta, esquire  
2799 NW Boca Raton Blvd., Suite 203  
Boca Raton, FL 33431

  
STEVEN A. SCIARRETTA, ESQUIRE

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