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Mar. 18. 2014 5:00PM KOEPEL LAW GROUP No. 0890 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KOEPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561) 659-6455
Fax Number : (561) 659-7006

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FLORIDA LIMITED LIABILITY CO.
8250 REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	014
Estimated Charge	\$125.00

K. SALY
EXAMINER
MAR 20 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8250 REALTY, 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:

JOEL P. KOEPEL, ESQ.
Name of Person

KOEPEL LAW GROUP, P.A.
Firm/Company

400 SOUTH AUSTRALIAN AVENUE, SUITE 300
Address

WEST PALM BEACH, FLORIDA 33401
City/State and Zip Code

JOEL@KOEPELLAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL P. KOEPEL, ESQ. at (561) 659-6455
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8250 REALTY, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

400 S. Australian Ave, Suite 300
West Palm Beach, Florida 33401

400 S. Australian Ave, Suite 300
West Palm Beach, Florida 33401

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Joel P. Koeppe, Esq./Koeppe Law Group, P.A.

Name

400 S. Australian Ave, Suite 300

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

FL 33401

City

Zip

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 as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Anthony Conte

400 S. Australian Ave, Suite 300

West Palm Beach, Florida 33401

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joel P. Koepfel

Typed 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)

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