L150000/9998

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)
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(Bu	siness Entity Name)
(Do	cument Number)	
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T. HAMPTON

COVER LETTER *

TO:	Registration Section Division of Corporations		
SUBJI	ECT: 412 Bayfront Drive, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	,
Please	return all correspondence concerning this m	natter to the following:	
	Katherine McGrath	Name of Person	
		Name of Person	
		Firm/Company	
	260 SW Natura Ave.	Address	
	Deerfield Beach, Florida 33441	City/State and Zip Code	
<u>.ka</u>	atherinemcgrathesquire@gmail.com E-mail address: (to be use	•	ation)
For fur	ther information concerning this matter, ple	ase cali:	
<u>Jeren</u>	Name of Person	561) 7790153 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	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 Add Registration Section Division of Corporat Clifton Building	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Name		·
ARTICLE I - Name: The name of the Limited Liability Company is:		
412 Bayfront Drive, 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 of	fice of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
260 SW Natura Ave. Deerfield Beach, FL 33441	same as Principal	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must	
The name and the Florida street address of the registered	agent are:	
Rogatinsky & Perez		·•
Name		
3113 Stirling Road, Ste, 103		_
Florida street address (P.O. Box	NOT acceptable)	
Fort Lauderdale	FL 33312	_
City	Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli-	t the appointment as registered of all statutes relating to the p	d agent and agree to act in this roper and complete performance
1 VVI VI		75 TS
Registered Agent's Signat	ure (REQUIRED)	
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CONTINUI	ED)	55年 へ

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Halfpay International, LLC
	260 SW Natura Ave.
	Deerfield Beach, FL 33441
	
	
(Use attachment if necessary)	
(ose attachment if necessary)	
f filing.) E VI: Other provisions, if any.	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 d
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E VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 d
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