L15000109457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000273345560

06/29/15--01001--012 **1375.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 26 AM 9:08

RECEIVED
15 JUN 26 PM 1:54
ANSWERING CORRESPONDENCE

06/29/15

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/24 Katelyn

☐ CERTIFIED COPY _____

☒ PHOTOCOPY _____

☐ CUS _____

☒ FILING LLC

1. 4704 Catherine, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 26 AM 9:08

ARTICLE I - NAME

The name of the Limited Liability Company is:

4706 Catherine, LLC

ARTICLE II - ADDRESS

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

Principal Office Address:	**Mailing Address:**
2411 Wood Pointe Drive Key Vista, Holiday, Florida 34691	2411 Wood Pointe Drive Key Vista, Holiday, Florida 34691

ARTICLE III - INITIAL REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the Registered Agent are:

Thomas Lloyd
2411 Wood Pointe Drive
Key Vista, Holiday, Florida 34691

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
(Thomas Lloyd)

ARTICLE IV - MANAGEMENT

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	2411 Wood Pointe, LLC, a Florida limited liability company 2411 Wood Pointe Drive
AMBR	Key Vista, Holiday, Florida 34691

ARTICLE V – EFFECTIVE DATE

Effective date, if other than the date of filing: N/A.

ARTICLE VI – OTHER PROVISIONS

Other provisions, if any:

None

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 Section 817.155, F.S.)

Thomas Lloyd
Typed or printed name of signee.

FILED
15 JUN 26 AM 9:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS