

L15000195827

(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



100278883111

11/09/15--01041--021 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -9 PM 12:44

RECORDED
15 NOV -9 PM 12:50
TALLAHASSEE, FLORIDA

NOV 24 2015

T CANNON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 601 N 39 STREET 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:

CATHERINE BRODERICK

Name of Person

601 N 39 STREET LLC

Firm/Company

1221 DELAWARE AVENUE

Address

FORT PIERCE, FLORIDA 34950

City/State and Zip Code

KATYMIKE@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE BRODERICK 561 702-7915
Name of Person at () 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -9 PM 12:44

ARTICLE I - Name:

The name of the Limited Liability Company is:

601 N 39 STREET 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:

1221 DELAWARE AVENUE
FORT PIERCE, FLORIDA 34950

Mailing Address:

1221 DELAWARE AVENUE
FORT PIERCE, FLORIDA 34950

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:

CATHERINE BRODERICK

Name

1221 DELAWARE AVENUE

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

FORT PIERCE

FLORIDA 34950

City

State

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)

(CONTINUED)

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:

CATHERINE BRODERICK

1221 DELAWARE AVENUE

FORT PIERCE, FLORIDA 34950

MGR

MICHAEL BRODERICK

1221 DELAWARE AVENUE

FORT PIERCE, FLORIDA 34950

(Use attachment if necessary)

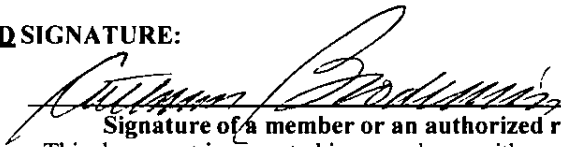
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CATHERINE BRODERICK

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -9 PM 12:44