

L16000037501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

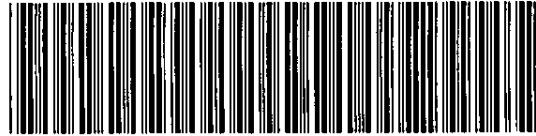
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200282220062

RECEIVED FEB 1 6 2016

02/17/16--01009--025 \*\*125.00

FILED  
16 FEB 16 PM 3:47  
CLERK OF STATE  
JULIA S. HARRIS

g 2/24/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2800 N FLAGLER DRIVE #914 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:

SUSAN HOFHERR

Name of Person

Firm/Company

3735 S DIXIE HIGHWAY

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

SUSAN@AUTHENTICPROVENCE.COM

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

For further information concerning this matter, please call:

SUSAN HOFHERR

561

805-9995

at ( )

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

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

FILED  
16 FEB 16 PM 3:47  
TALLAHASSEE, FL 32301

EFFECTIVE DATE 02/15/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2800 N FLAGLER DRIVE #914 LLC

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

FILED

16 FEB 16 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

3735 S DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**Mailing Address:**

3735 S DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**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:

SUSAN HOFHERR

Name

3735 S DIXIE HIGHWAY

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

WEST PALM BEACH FL 33405

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:**

SUSAN HOFHERR

5735 S DIXIE HIGHWAY

WEST PALM BEACH, FL 33405

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/15/2016, (OPTIONAL.)

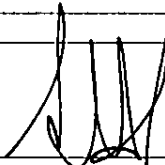
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

SUSAN HOFHERR

Typed or printed name of signer

**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  
16 FEB 16 PM 3:47  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA