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COVER LETTER

	Registration Section Division of Corporations
SUBJECT	2632 SE 50th Street, LLC
SOBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Jennifer L. Strickland, Paralegal
	Name of Person
	Mark A. Perry, PA
	Firm/Company
	88 NE 5th Avenue
	Address
	Delray Beach, FL 33483
	City/State and Zip Code admin@bigorangelandscaping.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Jennifer L. Strickland 561 276-4146 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
]\$125.00 F	iling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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

AKTICLE I - Name:		
The name of the Limited Liability Company is:		
2632 SE 50th Street, LLC		
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:		
ne mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2632 SE 50th Street	8201 96th Court	
Keystone Heights, FL 32656-5832	Boynton Beach, FL 33472-4405	
RTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered Regis	gistered Agent's Signature:	_ <u>.</u>
nother business entity with an active Florida registration.)	Self-Self-Self-Self-Self-Self-Self-Self-	6 MSR 22
ne name and the Florida street address of the registered agent	t are:	3
Mark A. Perry, Esq.		
Nam	and a second of	₹.
88 NE 5th Avenue		٧. تا:

Delray BeachFlorida33483CityStateZip

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICL	E	IÑ-

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

	Title: "AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager MGR	Jeffrey S. Galit 8201 96th Court South Boynton Beach, FL 33472-4405		
	MGR	Priscilla A. Galit 8201 96th Court South Boynton Beach, FL 33472-4405		
			AND AR 2	
			17°(V) == %	
	(Use attachment if necessary)		- 50 PAIE PRIDA	
ARTIC	CLE V: Effective date, if other than the date of filin	g: May 1, 2016	(OPTIONAL)	
(If an e the date <u>Note:</u> the doc	ffective date is listed, the date must be specific a e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any.	nd cannot be more than five busine applicable statutory filing requirem	ess days prior to or 90 days	
	REQUIRED SIGNATURE:	n R M		
	Signature of a frember of	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 follows as provided for in a 817.155. E.S.

constitutes a third degree felony as provided for in s.817.155, F.S.

JEFFREY S. GALIT

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)