# 1/600000940

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 HAR 22 PH 2: 15

EFFECTIVE DATE

5/1/2016

MAR 29 2016

S. GILBERT

### **COVER LETTER**

Div	vision of Corporations
SUBJECT:	2786 SE 50th Street, LLC
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n 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 in	formation concerning this matter, please call:
J	cnnifer L. Strickland 561 276-4146
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	sing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# **Mailing Address**

TO:

**Registration Section** 

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

ARTICLE I - Name:	The same page
The name of the Limited Liability Company is:	16 Map
	16 MAR 22 PM 2:
2786 SE 50th Street, LLC	Taring and
(Must end with the words "Limited Liability C	ompany, "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:	Mailing Address:
2786 SE 50th Street	8201 96th Court
Keystone Heights, FL 32656-5832	Boynton Beach, FL 33472-4405
ADTICLE IN D. 14 LA . D. 14 LOCE . O. D. 14	A COLOR
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Mark A. Perry, Esq.				
	Name			
88 NE 5th Ave	enue			
Florida street addres	s (P.O. Box NOT acc	ceptable)		
Delray Beach	Florida	33483		
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 Agene's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	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
(Use attachment if necessary)	
:	
• •	e date of filing: May 1, 2016 (OPTIONAL)
TICLE V: Effective date, if other than the an effective date is listed, the date must	
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
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JEFFREY S. GALIT

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.

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)