

**L16000204110**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : MOMBACH, BOYLE & HARDIN, P.A.  
Account Number : 074143000064  
Phone : (954) 467-2200  
Fax Number : (954) 467-2210

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** deby@bestroofing.net

**FLORIDA LIMITED LIABILITY CO.  
LA JOLLA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**T. BURCH**

NOV 8 2016

H16000275135 3

**ARTICLES OF ORGANIZATION**  
**OF**  
**LA JOLLA, LLC**

The undersigned, as the authorized representative of the initial member(s) of **LA JOLLA, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**COMPANY NAME**

The name of the Company is **LA JOLLA, LLC**.

**ARTICLE II**  
**MANAGEMENT**

The Company will be a manager managed company. The initial manager is Elizabeth A. Wallick.

**ARTICLE III**  
**MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

The mailing address, the street address and e-mail address of the principal office of the Company is:

1600 N.E. 12th Terrace  
Fort Lauderdale, Florida 33305  
email: [deby@bestroofing.net](mailto:deby@bestroofing.net)

H16000275135 3

**ARTICLE IV**  
**REGISTERED AGENT AND REGISTERED AGENT ADDRESS**

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle  
Mombach, Boyle, Hardin & Simmons, P.A.  
100 N.E. Third Avenue, Suite 1000  
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 7 day of November, 2016.

  
\_\_\_\_\_  
CONRAD J. BOYLE

(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 s.817.155, F.S.)

H16000275135 3

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7 day of November, 2016, by  
CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida  
driver's license as identification.




*Cecilia Dunlavy*  
Notary Public - State of Florida  
My Commission Expires:  
Commission Number:

16 NOV - 7 PM 16:50  
NOTARY PUBLIC  
CECILIA DUNLAVY

Having been named as registered agent and to accept service of process for the above 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.

DATED this 7 day of November, 2016.

  
\_\_\_\_\_  
CONRAD J. BOYLE