

12/7/2018

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12-12-13 34:11 CST

19-0000845 From: Ranae McGraw

Requesting Original filing
date of 12-7-16, thank
you!

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Requesting Original filing date of
12-7-16, thank you!

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

((H16000299696 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Requesting Original filing date of 12-7-16, thank you!

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
5109E North Ocean Blvd. Associates, LLC

Requesting Original
filing date of 12-7-16,
thank you!

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Requesting Original filing
date of 12-7-16, thank
you!

Electronic Filing Menu

Corporate Filing Menu

Help

Requesting Original filing date of 12-7-16, thank you!

850-617-6381

12/8/2016 1:53:11 PM PAGE 1/001 Fax Server



December 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: 5109 E NORTH OCEAN BLVD. ASSOCIATES, LLC
REF: W16000082166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: E16000299696
Letter Number: 816A00026134

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5109E North Ocean Blvd. Associates, 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:

Gaye Greenwald

Name of Person

Norris, McLaughlin & Marcus

Firm/Company

721 Route 202-206, Suite 200

Address

Bridgewater, NJ 08807

City/State and Zip Code

maurcendarcy04@gmail.com

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

For further information concerning this matter, please call:

Gaye Greenwald

908

252-4248

in ()

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

5109 North Ocean Blvd. Associates, 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:5109 North Ocean Blvd., Unit B
Ocean Ridge, FL 33435Mailing Address:5109 North Ocean Blvd., Unit B
Ocean Ridge, FL 33435**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:

Maureen Durey

Name

5109 North Ocean Blvd., Unit BFlorida street address (P.O. Box NOT acceptable)

<u>Ocean Ridge</u>	<u>FL</u>	<u>33435</u>
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:

"AMDR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Maureen Darcy

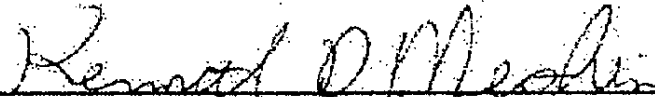
5109 North Ocean Blvd., Unit B

Ocean Ridge, FL 33435

(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.

Kenneth D. Meskin

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)