

L17000 122147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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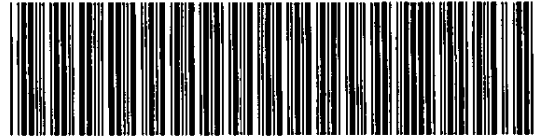
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOEL M. COMERFORD, P.A.
ATTORNEY AT LAW
350 CAMINO GARDENS BOULEVARD, SUITE 303
BOCA RATON, FLORIDA 33432

JOEL M. COMERFORD

TELEPHONE (561) 368-0500
FACSIMILE (561) 620-2565
E-MAIL joel@comerfordlaw.net

June 1, 2017

Via U.S. Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: 1131 19TH AVE, LLC
2926 ALICE DR, LLC
509 23RD AVE, LLC
508 23RD AVE, LLC
502 23RD AVE, LLC**

Dear Sir or Madam:

On behalf of my client, please find enclosed the following, necessary for incorporating the above-referenced proposed entities:

- 1. Cover Letter (5)**
- 2. Articles of Incorporation (5)**
- 3. Check #2889 in the amount of \$625.00 for filing (5 @ \$125 each)**

If you should have any questions please do not hesitate to contact me.

Sincerely,



Joel M. Comerford

enclosures

cc: Sandra Calderin

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 502 23RD AVE, 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:

Sandra Calderin
Name of Person

Firm/Company

1750 CRESTWOOD BLVD.
Address

LAKE WORTH / FL / 33460
City/State and Zip Code

sandracalderin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Calderin at (561) 201-6359
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:

502 23RD AVE, LLC
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1750 CRESTWOOD BLVD.</u> <u>LAKE WORTH, FL 33460</u>	<u>1750 CRESTWOOD BLVD.</u> <u>LAKE WORTH, FL 33460</u>

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:

JOEL M. COMEFORD, P.A.
Name
350 CAMINO GARDENS BLVD., #303
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL 33432
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..

Joel M. Comerford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

Name and Address:

Sandra Calderin
1750 CRESTWOOD BLVD.
LAKE WORTH, FL 33460

JUAN CALDERIN
1750 CRESTWOOD BLVD.
LAKE WORTH, FL 33460

DONALD THOMPSON
3587 SILVER LAKE LN, #60
BOYNTON BEACH, FL 33436

(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:

S. Calderin

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.

Sandra Calderin

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)

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