Division of Corporations **Electronic Filing Cover Sheet**

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Email Address:_

FLORIDA LIMITED LIABILITY CO. 6470 Investors, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | / Company is: | | | |
|---|--|--|---|---|
| 6470 Investors, LLC (Must conta | in the words "Limited) | Liability Company, "l | L.L.C.," or "LLC.") | |
| ARTICLE 11 - Address: The mailing address and street ad | dress of the principal o | ffice of the Limited L | iability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 715 S.E. 10th Street | | 715 S. | E. 10th Street | |
| Delray Beach, Forida | 33483 | | Delray Reach, Florida 33483 | |
| | Howard L. Castleman 715 S.E. 10th Street | 1 Name | | |
| | Florida street address | (P.O. Box NOT acc | eptable) | |
| | Delray Beach | Florida | 33483 | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with und accept the obt | I hereby accept the appo visions of all statutes re ligations of my position o | viniment as registered lating to the proper a | agent and agree to act i nd complete performanc provided for in Chapter | n this capacity. I e of my duties, and I |

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | Howard L. Castleman |
| MGR | 715 S.E. 10th Street |
| | |
| | Delray Beach, Florida 33483 |
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| (Use attachment if necessary) | |
| (12.1 | |
| (If an effective date is listed, the date must be speci the date of filing.) <u>Note:</u> If the date inserted in this block does not me the document's effective date on the Department of | filing: June 21, 2017 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records. |
| ARTICLE VI: Other provisions, if any. | |
| This document is executed | ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. |
| | nformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S. |

Typed or printed name of signee

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