## 21700230017

		Requestor's Name)
	: ()	Address)
[!	()	Address)
	PICK-UP	City/State/Zip/Phone #)
***		Business Entity Name)
Certified	([ Copies	Occument Number) Certificates of Status
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Section STATE

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DATE:

11-07-17

NAME

2901 PALM BEACH BLVD., LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

The name of the Limited Liabi			
	n Beach Blvd., LLC		
(Musi co)	ntain the words "Limited I	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	Nice of the Limite	d Liability Company is:
Princi	ipal Office Address:		Mailing Address:
1805 Piccad	illy Circle		1805 Piccadilly Circle
Cape Coral,	FL 33991		Cape Coral, FL 33991
another business entity with an The name and the Florida stree	active Florida registration taddress of the registered	n.) agent are:	. You must designate an individual or
another business entity with an	active Florida registration taddress of the registered	n.) agent are:	To a mass designate an interroduct of
another business entity with an	n active Florida registration	n.) agent are:	
another business entity with an	active Florida registration active Florida registered taddress of the registered Nicole Schoens	agent are: see	
another business entity with an	active Florida registration t address of the registered Nicole Schoens 1805 Piccadilly	agent are: see Name Circle	
another business entity with an	n active Florida registration t address of the registered Nicole Schoens  1805 Piccadilly Florida street address	agent are: see Name Circle (P.O. Box NOT:	
another business entity with an	active Florida registration t address of the registered Nicole Schoens 1805 Piccadilly	agent are: see Name Circle (P.O. Box NOT:	
another business entity with an The name and the Florida stree faving been named as registered place designated in this certificate further agree to comply with the p	n active Florida registration t address of the registered Nicole Schoens  1805 Piccadilly Florida street address  Cape Coral, FL City t agent and to accept service, I hereby accept the appoint provisions of all statutes rel	agent are: see Name Circle (P.O. Box NOT: 33991 State se of process for the integration to the prope	acceptable)

Nicole Schoensee

(CONTINUED)

MUY-7-AH-7-1-

Tifle: "A MBF	R" = Authorized Member	Name and Address:
	= Manager GR	Kevin Schoensee 1805 Piccadilly Circle Cape Coral, FL 33991
	IGR	Nicole Schoensee 1805 Piccadilly Circle Cape Coral, FL 33991
	schment if necessary)	
Tection de	fective date, if other than the date	e of filing: (OPTIONAL)
of filing.) If the date ument's ef	inserted, the date must be spinserted in this block does not feetive date on the Department ther provisions if any	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed of State's records.
of filing.) If the date ument's ef	inserted, the date must be spinserted in this block does not feetive date on the Department ther provisions if any	ecific and cannot be more than five business days prior to or 90 days afte
of filing.) If the date ament's ef LE VI: Oth	inserted in this block does not fective date on the Department ther provisions, if any, ment of the limited liabilities.  Signature of a me This document is execu	meet the applicable statutory filing requirements, this date will not be listed of State's records.  Ty company shall be vested in a manager or managers.  The ember of an authorized representative of a member, ted in accordance with section 605 0203 (1) (b). Florida Statutes
of filing.) If the date ument's ef LE VI: Oth	inserted in this block does not fective date on the Department her provisions, if any.  nent of the limited liability of the limited liability.  Signature of a me This document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed of State's records.  Ty company shall be vested in a manager or managers.  The ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
of filing.) If the date ument's ef LE VI: Oth	inserted in this block does not fective date on the Department her provisions, if any.  nent of the limited liability of the limited liability.  Signature of a me This document is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed of State's records.  Ty company shall be vested in a manager or managers.  The ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of Statutes.
steerive da of filing.) If the date ument's of LE VI: Oth nanagen REO III	inserted in this block does not fective date on the Department ther provisions, if any, ment of the limited liability SED SIGNATURE:  X Signature of a ment of the limited liability of the limited	meet the applicable statutory filing requirements, this date will not be listed of State's records.  Ty company shall be vested in a manager or managers.  The member of an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.  Choensee  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent