

217000230017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

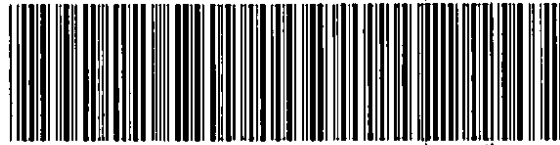
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

NOV 08 2017



100305191191

211 2017-11-08 14:23

17 NOV -7 AM 7:48

FILED
STATE
HALL COUNTY
GEORGIA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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

Abbie Hodge

17 NOV -7 AM 7:43
FLORIDA STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

2901 Palm Beach Blvd., LLC

ARTICLE II - Address:

Principal Office Address:

1805 Piccadilly Circle

Cape Coral, FL 33991

Mailing Address:

1805 Piccadilly Circle

Cape Coral, FL 33991

Nicole Schoensee

Name _____

1805 Piccadilly Circle

Florida street address (P.O. Box **NOT** acceptable)

Cape Coral, FL 33991

City

State

Zip

X h Sa

Registered Agent's Signature (REQUIRED)

Nicole Schoensee

(CONTINUED)

11 NOV -7 AM 7:46

Ballou's STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Kevin Schoensee

1805 Piccadilly Circle

Cape Coral, FL 33991

Nicole Schoensee

1805 Piccadilly Circle

Cape Coral, FL 33991

(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.

The management of the limited liability company shall be vested in a manager or managers.

REQUIRED SIGNATURE:

X


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.

Nicole Schoensee

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)

17 NOV -7 AM 7:40

DOCUMENTS SECTION
FLORIDA