L1800010535

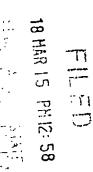
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D.) [[] () []
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600310247916

03/15/18--01012--015 **155.00



N CULLIGANI MAR 21 2018

COVER LETTER

TO:	New Filing Section Division of Corporations
	Avenue Soleil, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Jennifer E. Zakin, Esq.
	Name of Person
	Redgrave & Rosenthal LLP
	Firm/Company
	120 East Palmetto Park Road, Suite 400
	Address
	Boca Raton, FL 33432
	City/State and Zip Code jzakin@redgraveandrosenthal.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Jennifer E. Zakin, Esq. 561 347-1700
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Avenue Soleil, LLC		
(Must contain the words "Limited Lia	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal offic	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2500 Avenuc Au Soleil	2500 Avenue Au Soleil	
Delray Beach, Florida 33483	Delray Beach, Florida 33483	_
ARTICLE III - Registered Agent, Registered Office, & I		
· · ·	gistered regent. Too must designate an morviduuror	
mother business entity with an active Florida registration.)	-	
nother business entity with an active Florida registration.)	-	
another business entity with an active Florida registration.) The name and the Florida street address of the registered ago Jennifer E. Zakin, Esq.	-	
	ame	-

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..

State

Boca Raton

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 MAR 15 PH 12: 1

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

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma:	nager		
Manager		Bryan Isackson	•
		2500 Avenue Au Soleil	_
		Delray Beach, Florida 33483	_
			_
			_
	·		•
			•
			•
			•
	-•:6		
(lice attachme	in in necessary)		
ffective date is li e of filing.) If the date inserte	sted, the date must be specific ed in this block does not meet th	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will no	·
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective	sted, the date must be specific ed in this block does not meet the e date on the Department of Sta	and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will no	·
CLE V: Effective effective date is li e of filing.) If the date inserte	sted, the date must be specific ed in this block does not meet the e date on the Department of Sta	and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will no	·
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	sted, the date must be specific ed in this block does not meet the e date on the Department of Sta	and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will no	·
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	sted, the date must be specific ed in this block does not meet the date on the Department of Statovisions, if any.	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records.	t be listed
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	ed in this block does not meet the date on the Department of States ovisions, if any. SIGNATURE: Signature of a member	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records.	to be listed
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	ed in this block does not meet the date on the Department of States ovisions, if any. Signature of a member This document is executed in	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member.	to be listed
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	ed in this block does not meet the date on the Department of States ovisions, if any. Signature of a member This document is executed in I am aware that any false informatical executions.	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records.	to be listed
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	ed in this block does not meet the date on the Department of States ovisions, if any. Signature of a member This document is executed in I am aware that any false informatical executions.	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will not te's records. For an authorized representative of a member. 2013 accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State	18 HAR
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	sted, the date must be specific ed in this block does not meet the date on the Department of State ovisions, if any. Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felom Bryan Isackson	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	18 HAR 15
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	sted, the date must be specific ed in this block does not meet the date on the Department of State ovisions, if any. Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felom Bryan Isackson	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will not te's records. For an authorized representative of a member. 2013 accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State	18 HAR 15
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	sted, the date must be specific ed in this block does not meet the date on the Department of State ovisions, if any. Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felom Bryan Isackson	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	18 HAR 15
CLE V: Effective effective date is li e of filing.) If the date inserte cument's effective CLE VI: Other pro-	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Bryan Isackson Typ	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. bed or printed name of signee Filing Fees:	18 HAR 15
CLE V: Effective ffective date is lie of filing.) If the date inserte cument's effective CLE VI: Other properties of the	sted, the date must be specific ed in this block does not meet the date on the Department of State ovisions, if any. Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felom Bryan Isackson Typ	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.	18 HAR 15
CLE V: Effective ffective date is lie of filing.) If the date inserte cument's effective CLE VI: Other properties of the	Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felon Bryan Isackson Typ	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will note's records. For an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. bed or printed name of signee Filing Fees:	18 HAR