

L18 000 106 070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

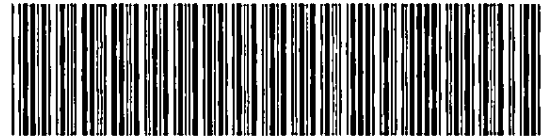
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 APR 26 AM 10:01
SECRETARY
TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

SANDRA CALDERIN
1750 CRESTWOOD BLVD
LAKE WORTH, FL 33460 US

SUBJECT: 508 23RD AVE, LLC
Ref. Number: W17000047454

We have received your document for 508 23RD AVE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES
Regulatory Specialist II

Letter Number: 317A00011292

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

April 24, 2018

Via U.S. Mail

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

Re: Ref. Number: W17000047454
508 23RD Ave, LLC

Dear Sir or Madam:

This is in furtherance of a telephone discussion I had with someone in your dept. today, whereby she requested I send this in. Accordingly, please find enclosed the following:

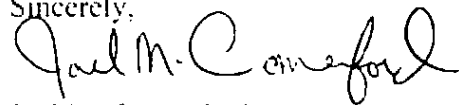
1. Letter No. 317A00011292, from JUAN A. REYES, dated June 6, 2017
2. Cover Letter
3. Articles of Organization
4. Letter from my office, dated June 1, 2017
5. Copy of Check #2889

The representative with whom I spoke thinks that the wrong code was typed in and thus it appeared that a *foreign* LLC was being created, when in fact it was not.

As you can see, I sent in 5 LLCs that day, and all of them were filled out the same (the other 4 were all duly filed on June 5, 2017).

Thanks for your assistance in this matter. I look forward to hearing from you.

Sincerely,



Joel M. Comerford

cc: Sandra Calderin

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STATE OF FLORIDA
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

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TALLAHASSEE, FLORIDA



COVER LETTER

TO: New Filing Section
Division of Corporations

NOT ACCEPTED

SUBJECT: 508 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

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TALLAHASSEE, FL



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

508 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:

Principal Office Address:

1750 CRESTWOOD BLVD.
LAKE WORTH, FL 33460

Mailing Address:

1750 CRESTWOOD BLVD.
LAKE WORTH, FL 33460

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. Comeford
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

OST: EVELYN
51 EAST G STREET
HIACLEAH, FL 33014

(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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18 APR 25 AM 10:01
SECURITY
TALLAHASSEE, FL

