

5/25/2018

Division of Corporations

**L18000131010**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000161294 3))



H180001612943ABC%

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
18 MAY 25 AM 10:00  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**FLORIDA LIMITED LIABILITY CO.**

**Nott, LLC**

RECEIVED  
2018 MAY 25 PM 12:48  
COMMERCIAL SERVICES

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**T COLLINS**  
MAY 29 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nott, 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:

5300 Broken Sound Blvd., NW #110  
Boca Raton, Florida 33487

Mailing Address:

5300 Broken Sound Blvd., NW #110  
Boca Raton, Florida 33487

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:

CT Corporation System


Name

1200 South Pine Island Road

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

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
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.*



James Halpin, Assistant Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 MAY 25 AM 10:00  
STATE OF FLORIDA  
ALLAHBACH COUNTY

**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

**Name and Address:**

Jeffrey A. Levitz  
5300 Broken Sound Blvd., NW #110  
Boca Raton, Florida 33487

Authorized Rep

Bark Property Management, LLC  
5300 Broken Sound Blvd., NW #110  
Boca Raton, Florida 33487

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

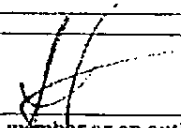
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_

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, P.S.

Jeffrey A. Levitz, Manager  
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)

FILED  
18 MAY 25 AM 10:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA