# LI& 20217868

(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	 /

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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		ACCOUNT NO.	:	12000000	0195		
		REFERENCE	:	385120	4305611		
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		COST LIMIT	-7	<b>pelse</b> § 125.00	non		SEP
ORDER DATE	:	September 1	з,	2018		 	-P
ORDER TIME	:	11:08 AM				ŵ	5. 4
ORDER NO.	:	385120-005					

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CUSTOMER NO: 4305611

# DOMESTIC FILING

NAME: SEVEN ISLES CAPITAL REALTY LLC

# EFFECTIVE DATE:

- \_\_\_\_ ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX \_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

# **COVER LETTER**

### TO: New Filing Section Division of Corporations

Seven Isles Capital Realty LLC

SUBJECT:

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For

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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:

V	ance E. Antonacci, Es	quire						SET
		<u> </u>	Name	of Person				
N	1cNees Wallace & Nur	ick LLC						•
			Firm/C	Company				
5	70 Lausch Lane, Suite	200						
			Ado	iress				- <u></u>
L	ancaster, PA 17601							
var	ntonacci@mcneeslaw.c	om	City/State a	ind Zip Code	· <u> </u>		<del></del> .	
ther info	it-mail addre			annual report notif	icatio	n)		
		s matter, pl	ease call: 717	annual report notif 581-3701	ficatio	n)		
	rmation concerning this	s matter, pl	ease call: 717					
Va 	rmation concerning this	s matter, pl	case call: 717	581-3701 )				
Va 	mation concerning this ince E. Antonacci, Esq Name of Person check for the following See \$130.00 F	s matter, pl	Area Code	581-3701 )	hone 1)	Number	te of Stat Copy	us &

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

Seven Isles Capital Realty 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:

Princip	al Office Address:		Mailing Address:			
2328 Aqua Vista Bi- Fort Lauderdale, FL			2328 Aqua Vista Blvd. Fort Lauderdale, FL 33301	TALL	5 81	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	v cannot serve as its own active Florida registratio	Registered Agen,)	Agent's Signature: ent. You must designate an individual	or	EP 13 PH 2:0	
	Paul D. DeAngelo					
		Name				
	2328 Aqua Vista Blv	d.				
	Florida street address	s (P.O. Box <u>NC</u>	T acceptable)			
	Fort Lauderdale	Florida	33301			
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager		
IGR	Paul D. DeAngelo	
	2328 Aqua Vista Blvd.	
	Fort Lauderdale, FL 33301	
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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.)

<u>Note:</u> 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.

REOUR	ED SIGNATURE:
	$=$ $T_{cu}QQQQ$
	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.
	Paul D. DeAngelo
	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)