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To:

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From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number : 074143000064 Phone : (954)467-2200 Fax Number : (954)467-2210

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

Email Address: diana@delrayacura.com

FLORIDA LIMITED LIABILITY CO.

Delray Genesis, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

DELRAY GENESIS, LLC

The undersigned, as the authorized representative of the initial member(s) of DELRAY GENESIS, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the company is DELRAY GENESIS, LLC

ARTICLE II MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

655 N.E. 6th Avenue Delray Beach, Florida 33483

e-mail: diana@delravacura.com

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ARTICLE III REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

James G. O'Neill 655 N.E. 6th Avenue Delray Beach, Florida 33483

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 3 day of January, 2019.

James G. O'Neill

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \(\frac{\frac{1}{2}}{2} \) day of January, 2019, by James G. O'Neill, who \(\frac{1}{2} \) is personally known to me or who \((_____) \) has produced a Florida driver's license as identification.

Notary Public - State of Florida My Commission Expires: Commission Number:

Affecto.

Having been named as registered agent and to accept service of process for the above 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.

DATED this <u>Y</u> day of January, 2019.

