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CPELLEGRINO@PSCPAFIRM.COM

FLORIDA LIMITED LIABILITY CO. 6899 NE 8TH DRIVE, LLC

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## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

.

The name of the Limited Liability Company is:

15168822966

# 6899 NE 8TH DRIVE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1400 S. OCEAN DRIVE 605N **BOCA RATON, FLORIDA 33432**  1400 S. OCEAN DRIVE 605N **BOCA RATON, FLORIDA 33432** 

# 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:

PETER CIREGNA

Name

1400 S. OCEAN DRIVE 605N

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

**BOCA RATON** 

33432

Having been named us 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)

PETER CIREGNA

(CONTINUED)

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<u>Title:</u>	Name and Address;
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	PETER CIREGNA
AIVIDIX	1400 S. OCEAN DRIVE 605N
	BOCA RATON, FLORIDA 33432
<del></del>	
(Use attachment if necessary)	
	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 day
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REQUIRED SIGNATURE:  Signature of a  (In accordance with sections of a management of a managem	member of an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, ie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a  (In accordance with sections of any and a section of a sect	member of an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. the information submitted in a document to the Department of State

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