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(Requestor's Name)	
(Address)	
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(Business Entity Name)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE :

703529 802160 rellaceman COST LIMIT : \$ 125.00

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AUTHORIZATION :

ORDER DATE : March 29, 2019

ORDER TIME : 12:46 PM

ORDER NO. : 703529-005

CUSTOMER NO: 8021607

### DOMESTIC FILING

NAME: BOULEVARD VERO BEACH 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

SUBJECT: Boulevard Vero Beach 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:

Cynthia J Putnam

Name of Person

Boulevard Vero Beach LLC

Firm/Company

2875 Saint Barts Sq

Address

Vero Beach, FL. 32967

City/State and Zip Code

# cynthiajputnam@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia J Putnam at ( 772 ) 766-5397

Name of Person

Area Code Daytime Telephone Number

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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) S160.00 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 <u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

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The name of the Limited Liability Company is:

## Boulevard Vero Beach 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:	Mailing Address:
2875 Saint Barts Sq	2875 Saint Barts Sq
Vero Beach, FL. 32967	Vero Beach, FL, 32967

### 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 ad	ldress of the registered age	ent are:		SECKET		
	Corporation Se	ervice C ame	Company	AK 29	>	
	1201 Hays St				2	
	Florida street address (P.	.O. Box <u>NO</u>	T acceptable)	<u> </u>	-	$\bigcirc$
	Tallahassee	FL	32301		-	
	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.

**Roxanne Turner** Asst. Vice President Registered Agent's Signature (REOUIRED)

(CONTINUED)

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### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager AMBR	Cynthia J Putnam 2875 Saint Barts Sg	
	Vero Beach, FL, 32967	
AMBR	Robert E Putnam	19 I
	2875 Saint Barts Sg	<u><u> </u></u>
	Vero Beach, FL. 32967	
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(Liss structures)		

(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.

REOUIRE	D SIGNATURE:
	Cuptong Patrian
	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.
	Cynthia J Putnam

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)