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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
103 ST JOSEPH DR LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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APR 19 2019

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on corp papers

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is:

103 ST JOSEPH DR LLC

ARTICLE II

Address

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

Principal Office Address:

**525 3rd Street
Port St. Joe, FL 32456**

Mailing Address:

**525 3rd Street
Port St. Joe, FL 32456**

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Ira R. Shapiro
16375 NE 18th Avenue, Suite 225
North Miami Beach, FL 33162**

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.


Ira R. Shapiro, Registered Agent

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ARTICLE IV
Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V
Persons Authorized to Manage and Control

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

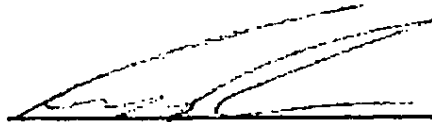
Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Robert W. Pokora
525 3rd Street
Port St. Joe, FL 32456



Robert W. Pokora, MGR

(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 § 817.133, F.S.)

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