

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000199755 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

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Phone : (800)342-9856

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**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. CARVER REALTY FL, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: CARVER REALTY FL, 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: 13751 EASTERN AVENUE 494 WESTERN TURNPIKE PALMETTO, FL 34221 ALTAMONT, NY 12009 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: INCORPORATING SERVICES, LTD. Name 1540 GLENWAY DRIVE Florida street address (P.O. Box NOT acceptable)

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.

FL

Assistant Secretary

32301 Zip

(CONTINUED)

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Jun. 27. 2019 3:15PM (H190001997553) No. 6094 P. 3/3

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR, MGR	CARLERY
AMBR, MOR	CARVER LARAWAY
	494 WESTERN TURNPIKE
	ALTAMONT, NY 12009
AMBR	CARVER CONSTRUCTION, INC.
	494 WESTERN TURNPIKE
	ALTAMONT, NY 12009
	
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(Use attachment if necessary)	
LE V: Effective date, if other than the date	e of filing: (OPTIONAL)
ffective date is listed, the date must be si	pecific and cannot be more than five business days prior to or 90 days after
4	
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e of fungs,) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.

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.

LAWRENCE A. KIRSCH

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)

S 5.00 Certificate of Status (Optional)

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