



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000199343 3)))



H190001993434DC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6391

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000010
Phone : (561)832-3300
Fax Number : (561)655-1199

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

Email Address: clintgulleii@yahoo.comFLORIDA LIMITED LIABILITY CO.
1453 FL CITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 JUN 27 PM 4:36

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN 27 AM 10:44

FILED

H19000199343 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1453 FL CITY 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 :7934 SW 194 StreetPO Box 571205Cutler Bay, FL 33157Miami, FL 33257

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:

Clim Gulley II

Name

7934 SW 194 StreetFlorida street address (P.O. ~~BOX~~ acceptable)Cutler BayFlorida33157

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as registered agent, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 605, F.S.


 Registered Agent's Signature

(CONTINUED)

FILED
 2019 JUN 27 AM 10:44
 SECRETARY OF STATE
 TALLAHASSEE, FL

H19000199343 3

H19000199343 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR**Name and Address:**Clint Gulley IIPO Box 571205Miami, FL 33257MBRMelissa A. GulleyPO Box 571205Miami, FL 33257

(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.**REQUIRED SIGNATURE:**

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.

John J. Raymond, Jr.

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)

H19000199343 3