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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
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866.625.0838
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Date: July 29, 2019

Account#: 120000000088

Name: KEN HOWELL

Reference #: 1112656

Entity Name: PASSAGES LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: ** CERTIFIED COPY UPON FILING **

ISSUES? CALL
KEN:
518-213-0738

Authorized Amount: **\$155.00**

Signature: 

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PASSAGES 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:

Tricia A. Mercado

Name of Person

Akerman, LLP

Firm/Company

350 E. Las Olas Blvd., Ste. 1600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

tricia.mercado@akerman.com

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

For further information concerning this matter, please call:

Tricia Mercado 954 759-8964
Name of Person at () Daytime Telephone Number

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) ☐ \$160.00 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

Street Address
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:

The name of the Limited Liability Company is:

PASSAGES 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:

499 EVERNIA STREET, # 403
WEST PALM BEACH
FLORIDA 33401

Mailing Address:

499 EVERNIA STREET, # 403
WEST PALM BEACH
FLORIDA 33401

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:

DEBRA FRASER

Name

499 EVERNIA STREET, # 403

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

WEST PALM BEACH FLORIDA 33401

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..

Debra Fraser

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 JUL 29 AM 9:26

CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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

Name and Address:

DEBRA FRASER

499 EVERNIA STREET

WEST PALM BEACH, FL 33401

(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.

Tricia A. Mercado, Authorized Representative

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)

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19 JUL 29 AM 9:06
CLERK OF COURT
STATE OF FLORIDA