

Division of Corporations

Page 2

L19000209053

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.

(((H19000247334 3)))



H190002473343ABC0

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) 617-6381

From:

Account Name : DELANEY CORPORATE SERVICES
Account Number : I20140000112
Phone : (800) 717-2810
Fax Number : (518) 465-7883

19 AUG 21 AM 10:21

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

Email Address: Kathleen@delaneycorporate.com

**FLORIDA LIMITED LIABILITY CO.
4208 Pine Ridge LLC**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4208 Pine Ridge 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:4208 Pine Ridge Court
Weston, FL 33331Mailing Address:4208 Pine Ridge Court
Weston, FL 33331

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:

Jonathan Mallie

Name

4208 Pine Ridge CourtFlorida street address (P.O. Box **NOT** acceptable)Weston, FL 33331

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 21 12:18 PM '27

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Jonathan Mallie4208 Pine Ridge CourtWeston, FL 33331

(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.Jonathan Mallie

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)

19 AUG 21 4:41 PM '19

08/21/2019 13:22 Delaney Corporate Services

(FAX) 518 465 7883

P.001/004

RX Date/Time
850-617-6381

08/21/2019 12:09 850 617 6381
8/21/2019 11:59:54 AM PAGE

1/001 Fax Server

P.001



August 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELANEY CORPORATE SERVICES

SUBJECT: 4208 PINE RIDGE LLC
REF: W19000077484

19 AUG 21 AM 10:27

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000247334
Letter Number: 619A00017261