

L19000218537

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.

(((H19000261263 3)))



H19000261263ABC

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 : CIKLIN LUBITZ
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

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

Email Address: Gwalk@CiklinLubitZ.Com

2019 SEP -5 AM 9:11

FLORIDA LIMITED LIABILITY CO.

Fara Lyn Rose LLC

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

19 SEP -5 PM 12:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K PAGE

Sept. 5, 2019 9:05AM

No. 0722 P. 2

H19000261263 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fara Lyn Rose 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:

11192 Mainsail Court
Wellington, FL 33449

Mailing Address:

11192 Mainsail Court
Wellington, FL 33449

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:

Andrew H. Smith

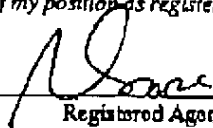
Name

12300 Alternate A1A, Suite 119

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

<u>Palm Beach Gardens</u>	<u>FL</u>	<u>33410</u>
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

H19000261263 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

Name and Address:

Andrew H. Smith

11192 Mainsail Court

Wellington, FL 33449

MGR

Jennifer L. Smith

11192 Mainsail Court

Wellington, FL 33449

(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.

The Company shall be a manager-managed company. The sole member of the Company shall be Vantage Retirement Plans, LLC as Custodian f/b/o Andrew Smith Simple IRA.

REQUIRED SIGNATURE:

Gary Walk

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.

Gary Walk

Typed or printed name of signer

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)

H19000261263 3