L19000232786

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	nė)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

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When you need ACCESS to the world $\stackrel{\circ}{\tau}$

* ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

(CORPORATE NAME AND DOCUMENT#)

SPECIAL

INSTRUCTIONS:

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP: <u>09/23/2019</u>
	CERTIFIED COPY	
X\$	РНОТОСОРУ	
xx	CUS	CERTIFICATE OF STATUS
xx	FILING	LLC
•	(CORPORATE NAME AND DOCUMI	
•	(CORPORATE NAME AND DOCUME	ENT#)
	(CORPORATE NAME AND DOCUME	ENT#)
•	(CORPORATE NAME AND DOCUME	ENT#)

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	ORREN REAL ESTATE	HOLDINGS LLC
300000	N	Name of Limited Liability Company
The enclo	osed Articles of Organization at	nd fee(s) are submitted for filing.
Please ret	turn all correspondence concert	ning this matter to the following:
	Gerald Schilian	
		Name of Person
	Schilian & Watarz, PA	
		Firm/Company
	7301-A West Palmetto Park	c Road, Suite 305C
		Address
	Boca Raton, FL 33433	
	gerryschilian@gmail.com	City/State and Zip Code
	E-mail address:	(to be used for future annual report notification)
For further	information concerning this m	atter, please call:
	Gerald Schilian	561 994-8830 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following an	nount;
] \$125.00	Filing Fee \$130.00 Filing Certificate o	ng Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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:			
Orren Real Estate Hol (Must conta		Liability Comp	any, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Li	nited Liability Company i	is:
Principa	Office Address:		Mailing A	Address:
6886 Royal Orchard C Delray Beach, FL 334			PO Box 811653 Boca Raton, FL 33481	
The name and the Florida street a	ddress of the registered	l agent are:		_
	7301-A West Palmet	to Park Road,	Suite 305C	
	Florida street addres	s (P.O. Box <u>N</u> 0	<u>OT</u> acceptable)	
	Boca Raton, FL 3342	33		
	City	State	Zip	
Having been named as registered a place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl	hereby accept the app visions of all statutes re igations of my position	ointment as reg elating to the p as registered a	istered agent and agree to oper and complete perfor gent as provided for in Ch	o act in this capacity. I mance of my duties, and t
	Regist	ered Agent's S	gnature (RÈQUIRED)	

(CONTINUED)

PILED

2019 SEP 23 PH 2: 29

SECURE TARK DIS STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" " Manager	
AMBR	Orren Seth Singer
	PO Box 811653
	Boca Raton, FL 33481
AMBR	Soon-Mec Singer
	PO Box 811653
	Boca Raton, FL 33481
	,
	and the second section of the section o
(Use attachment if necessary)	
	of Gline: September 20, 2019 (OPTIONAL)
(CLE Y: Effective date, if other than the date offective date is listed, the date must be spate of filling.) If the date inserted in this block does not it.	c of filing: September 20, 2019 (OPTIONAL) neelfie and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be of State's records.
ICLE V: Effective date, if other than the date offective date is listed, the date must be spate of filling.)	neelfie and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
ICLE Y: Effective date, if other than the date effective date is listed, the date must be spate of filling.) If the date inserted in this block does not a comment's effective date on the Department	neelfie and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
ICLE Y: Effective date, if other than the date offective date is listed, the date must be spate of filling.) If the date inserted in this block does not a countent's effective date on the Department	need the applicable statutory filing requirements, this date will not be of State's records.
ICLE Y: Effective date, if other than the date offective date is listed, the date must be spate of filling.) If the date inserted in this block does not a comment's effective date on the Department icle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a im This document is executed any fals.	need the applicable statutory filing requirements, this date will not be of State's records.
CLE Y: Effective date, if other than the date offective date is listed, the date must be spate of filling.) If the date inserted in this block does not a comment's effective date on the Department of the Depar	neet the applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be removed as the state will not be removed as the state will not be removed as the state with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State reference as provided for in s.817.155, F.S.

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-