

L1900023847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

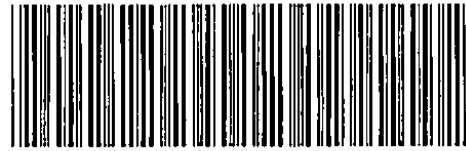
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/02/19--01003--001

O'KEEFE

OCT 02 2019

10/02/19 10:00:03

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 2920 NW 6TH COURT 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:

KASSANDRA BURTON

Name of Person

2920 NW 6TH COURT LLC

Firm/Company

2920 NW 6TH COURT

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

kassandra.burton@browardschools.com

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

For further information concerning this matter, please call:

KASSANDRA BURTON

954

899-4820

at ()

Name of Person

Area Code

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 encl

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:

2920 NW 6TH COURT 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:

2920 NW 6TH COURT
FORT LAUDERDALE, FL 33311

SAME

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:

KASSANDRA BURTON

Name

2920 NW 6TH COURT

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

FT. LAUDERDALE

FL

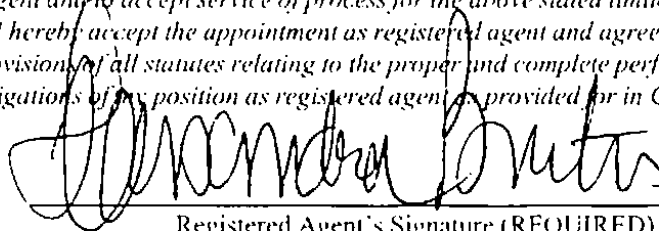
33311

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at a place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, as 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)

FILED
2020 JUN 10 PM 4:05
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD
FLORIDA

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

MGR

CORAL SPRINGS, FL 33067

CORAL SPRINGS, FL 33067

REQUIRED SIGNATURE

DATE _____

SIGNATURE _____

S 5.00 Certificate of Status (Optional)

[illegible]