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DATE: 10/30/19

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NAME: DEVONSHIRE SERVICES, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBI

ABBIE/PAUL HÓDGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Devonshire Services, 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:
3563 Forest View Circle	3563 Forest View Circle
Dania Beach, FL 33312	Dania Beach, FL 33312

. . .

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Lois Levontin

(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:

Name

3563 Forest View C	ircle	
Florida street addres	ss (P.O. Box NOT au	ceptable)
Dania Beach	FL	33312
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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

· .

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

· . ,

<u>Title:</u> "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Barry Levontin
	3563 Forest View Circle
	Dania Beach, FL 33312
MGR	Lois Levontin
	3563 Forest View Circle
	Dania Beach, FL 33312
<u> </u>	tatu
(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.

REOUIRE	SIGNATURE:
	Signature of a mambar or an authorized for fourtable of a mambar
	Signature of a member or an authorized seprenentative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Status
	I am aware that any false information submitted in a document to the Department of Sta
	and availe that any faise mornation stormated in a deciment to the Department of St
	constitutes a third degree felony as provided for in s.817.155, F.S.
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