

419000278917

Division of Corporations
Electronic Filing Cover Sheet

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((H19000341401 3)))



H190003414013ABCX

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (718)889-7420

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
120 Wrenn Street LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
19 NOV 21 PM 2:13
TALLAHASSEE, FLORIDA

TX Result Report

P 1
11/21/2019 14:47
Serial No. AA6TD11003486
TC: 31087

Addressee	Start Time	Time	Prints	Result	Note
BS06176381	11-21 14:46	00:00:45	003/003	OK	

Note TEL:Timer TX, PDI:Polling, ORS:Original Size Setting, FME:Free Erase TX,
OPS:Page Separation TX, NIX:Nixed Original TX, CAL:Manual TX, CSRC:CSRC
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
ECP:IF-Code, NIXIR:TX, RLY:Relay, NIX:Confidential, BUL:Bulletin, SIP:SIP Fax,
IADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refuse: Refuse, Busy: Busy, M-Full:Memory Full, LOOR:Receiving length Over,
PDR:Receiving page Over, FIC:File Error, DC:Decode Error, RDN:RDN Response Error,
PSM:PSM Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Florida Department of State
Division of Corporations
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

120 Wrenn Street 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:154 Fontaine Drive
Tavernier, FL 33070 - 2310154 Fontaine Drive
Tavernier, FL 33070 - 2310

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

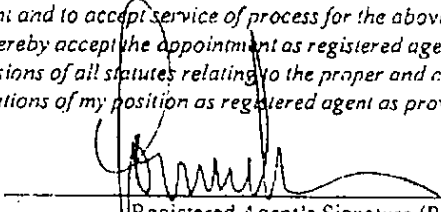
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tommy Parker WrennName154 Fontaine DriveFlorida street address (P.O. Box NOT acceptable)

<u>Tavernier</u>	<u>FL</u>	<u>33070</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

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)

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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:

Tommy Parker Wrenn

154 Fontaine Drive

Tavernier, Florida 33070-2310

(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.

Tommy Parker Wrenn

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)

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