## 49000379282

(Re	equestor's Name)	•
(Ad	ldress)	
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(Cıl	ty/State/Zip/Phone	<i>⊋ #</i> )
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY PLATE

B MOV 22 FM ID:

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 060784 8290125 AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: November 22, 2019 ORDER TIME : 3:23 PM ORDER NO. : 060784-005 CUSTOMER NO: 8290125 DOMESTIC FILING NAME: 14980 BINDER, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS:

## **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	14980 Binder, LLC
SUDJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Shawn C. Snyder
	Name of Person
	Snyder & Snyder, P.A.
	Firm/Company
	7931 Orange Drive
	Address
	Davie, Florida 33328
	City/State and Zip Code
	corp@snyderlawpa.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Shawn C. Snyder 954 475-1139
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Siling Fee Status Statu
	Mailing Address Street Address

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

14980 Binder,			
(Mus	t contain the words "Limited Lia	bility Company, "I	L.L.C.," or "LLC.")
TICLE II - Address: mailing address and st	reet address of the principal offic	e of the Limited L	iability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
		3921 9	SW 47th Avenue, Suite 1017
3921 SW 47th	Avenue, Suite 1017	3,21	3 1
Davie, Florida  TICLE III - Registere the Limited Liability Contact business entity with	ad Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)	Davie Registered Agent egistered Agent. Yo	, Florida 33314
Davie, Florida  RTICLE III - Registere the Limited Liability Corother business entity wi	ad Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.)	Davie Registered Agent egistered Agent. Yo	, Florida 33314 's Signature:
Davie, Florida  RTICLE III - Registere the Limited Liability Corother business entity wi	and Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  Street address of the registered agency Scott Gorton	Davie Registered Agent egistered Agent. Yo	, Florida 33314 's Signature:
Davie, Florida  RTICLE III - Registere the Limited Liability Corother business entity wi	and Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  Street address of the registered agency Scott Gorton	Davie Registered Agent egistered Agent. You gent are:	, Florida 33314 's Signature:
Davie, Florida  RTICLE III - Registere the Limited Liability Corother business entity wi	and Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.)  Street address of the registered agency Scott Gorton	Davie Registered Agent egistered Agent. You gent are: Name Suite 1017	, Florida 33314 's Signature: ou must designate an individual or
Davie, Florida  RTICLE III - Registere the Limited Liability Corother business entity wi	and Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  Street address of the registered agency Scott Gorton  3921 SW 47th Avenue,	Davie Registered Agent egistered Agent. You gent are: Name Suite 1017	, Florida 33314 's Signature: ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ZOIGNOV 22 FHI2: 18
SECRETARY SEE FROM 10: 18

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Scott Gorton
	16710 Berkshire Court
	Southwest Ranches, Florida 33331
<del></del>	
<del></del>	
E.V: Effective date, if other than the d	ate of filing: (OPTIONAL)
ective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 da at meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the di ective date is listed, the date must be of filling.)	specific and cannot be more than five business days prior to or 90 da at meet the applicable statutory filing requirements, this date will not be
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)