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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

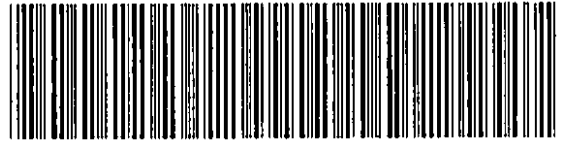
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# CAPITAL CONNECTION, INC. .

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Anchor Time II, LLC

Signature

Requested by: seth

11/25/19

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF**

**ANCHOR TIME II, LLC**

The undersigned authorized representative hereby forms a limited liability company  
under the laws of the State of Florida:

ARTICLE I

**COMPANY NAME**

The name of this company is:

**ANCHOR TIME II, LLC**

ARTICLE II

**COMMENCEMENT**

The existence of the Company shall commence on November 25, 2019, the date of  
signing hereof, provided that same shall be filed with the Florida Secretary of State within the  
time authorized by Statute.

ARTICLE III

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited liability  
company is 364 Golfview Road, 103, North Palm Beach, FL 33408.

ARTICLE IV

**REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS**

The Registered Agent and the street address of the Registered Agent of this Company in  
the State of Florida shall be:

Garry M. Glickman  
1601 Forum Place, Suite 1101  
West Palm Beach, FL 33401

ARTICLE V

INITIAL MANAGER

The Initial Manager of the Company shall be:

Robert A. Black  
364 Golfview Road, 103  
North Palm Beach, FL 33408

The Initial Manager shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the Company.

Notwithstanding the foregoing, the Manager shall have the absolute authority to subcontract any management functions of the Company in his sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

## ARTICLE VII

### RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

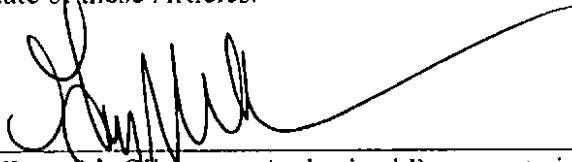
i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 25<sup>th</sup> day of November, 2019 and affirms that the Company has at least one member as of the effective date of these Articles.

  
Garry M. Glickman, Authorized Representative

STATE OF FLORIDA                    ]  
  ] ss:  
COUNTY OF PALM BEACH        ]

The foregoing instrument was acknowledged before me this 25th of November, 2019, by Garry M. Glickman, Authorized Representative of the afore-described Limited Liability Company, who is personally known to me and did not take an oath.

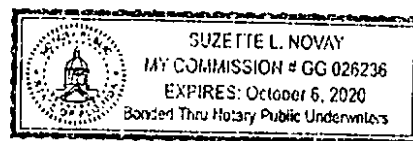
NOTARY PUBLIC:

SIGN 

PRINT Suzette L Novay

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:

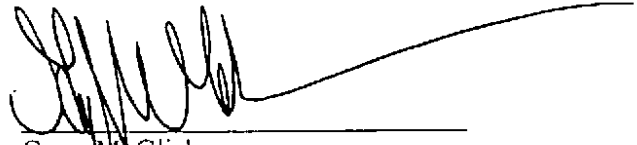


**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

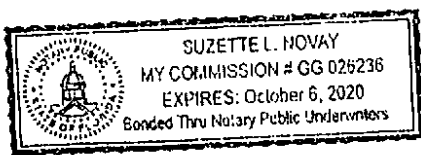
ANCHOR TIME II, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, FL 33401 as its agent to accept Service of Process within this State.


**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.

  
Garry M. Glickman

SWORN TO AND SUBSCRIBED before me this 25<sup>th</sup> day of November, 2019.



  
NOTARY PUBLIC - STATE OF FLORIDA  
Name: Suzette L. Novay  
(Type, stamp or print)

2019 NOV 25 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Personally known or produced identification . If produced identification, type or identification  
produced: N/A