Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000351055 3)))



H190003510553ABC\$

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 : DUNWODY WHYTE & LANDON, P.A./ PALM BEACH

Account Number : I20020000176 Phone : (561)655-2120 Fax Number : (561)655-2168

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

Email	Address:	rfick@dwl-law.com	

## FLORIDA LINITED LIABILITY CO. **FANTASY ROCK IV LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

### (((H19000351055 3)))

#### ARTICLES OF ORGANIZATION

OF

#### FANTASY ROCK IV LLC

FIRST: The name of the Limited Liability Company is FANTASY ROCK IV LLC.

SECOND: The mailing address of the Limited Liability Company is P.O. Box 2542, Palm Beach, FL 33480. The street address of the principal office of the Limited Liability Company is 124 Australian Avenue, Palm Beach, FL 33480.

THIRD: The name and street address of the Registered Agent are as follows:

Ronald L. Fick, Esq. c/o Dunwody White & Landon, P.A. 249 Royal Palm Way, Suite 501 Palm Beach, FL 33480

Having been named as registered agent and to accept service of process for this 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.

# Ronald L. Fick

**FOURTH:** The Limited Liability Company is to be managed by a Manager and the name and address of the Manager are as follows:

A. Michael Sullivan, Jr. P.O. Box 2542 Palm Beach, FL 33480

In accordance with §605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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 §817.155, F.S.

A. Michael Sullivan, Jr., as Trustee of the A. MICHAEL SULLIVAN, JR. 2010 TRUST under agreement dated August 31, 2010, as amended, as Member

Date: December 4th, 2019