L20000003622

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_

Office Use Only



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CAPITAL CONNECTION, INC.

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

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Certificate of Status			Í	****	Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
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Officer Search					Certificate of Fictitious Name
Fictitious Search					Corp Record Search
Fictitious Owner Search			-		Officer Search
Vehicle Search					Fictitious Search
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11 Departure Departure : There is the CA RAY	Walk-In	Will Pick Up			Courier

COVER LETTER

TO: 1	New Filing Section Division of Corporations
SUBJEC.	1499 Forest Hill Blvd Investment., LLC.
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Cris Boyar
	Name of Person
	Firm/Company
	5551 North University Drive, Suite 102,
	Address
	Coral Springs, Florida 33067
	City/State and Zip Code Boyarlaw@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Cris Boyar 954 971-3777
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\int \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\int \text{\$\int \text{Certified Copy (additional copy is enclosed)}} \$\int \text{\$\int \text{
	Mailing Address New Filing Section Division of Corporations P.O. Box 6337 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1499 Forest Hill Blvd Investment., LLC.	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal office	Mailing Address:
The mailing address and street address of the principal office Principal Office Address:	

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

Cris Boyar		
	Name	
5551 North Universi	ity Drive, Suite 102	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Coral Springs	Florida	33067
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 of registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Cris Boyar **AMBR** 5551 North University Drive, Suite 102 Coral Springs, Florida 33067 Jared Perlin **AMBR** 11575 Heron Bay Blvd Coral Springs, Florida 33076 MGR Peter A Wiesner 1593 Trotter Court Wellington, Florida 33414 MGR Barry S Birkenholz 7411 West Upper Ridge Drive Parkland, Florida 33067 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 6, 2020 (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 of 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.

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)

ATTACHMENT-1499 Forest Hill

MGR Keith Goldblum

6340 NW 120th Drive Coral Springs, Fi 33076

MGR David Kalisz

4409 Vail Divide Austin, Texas 78738

COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	1499 Forest Hill Blvd Investment., LLC.	
303001	Name of Limited Liability Company	
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	Cris Boyar	
	Name of Person	
	Firm/Company	
	5551 North University Drive, Suite 102,	
	Address	
	Coral Springs, Florida 33067	
	City/State and Zip Code Boyarlaw@gmail.com	
-	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
	Cris Boyar 954 971-3777	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125.00 Fi	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	itus &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mii	ill Blvd Investment., LLC. st contain the words "Limited Lial	hility Company "I	LIC "or "LIC")
(1124	A COMMIN (IIC WOODS DIMINED LINE	omey company,	b.b.c., or bbc. /
ARTICLE II - Address:		A	Little o
The mailing address and s	treet address of the principal office	e of the Limited L	Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
5551 North Ut	niversity Drive	5551	North University Drive
		Suite	in2
<u>Suite 102</u>			
Coral Springs. ARTICLE III - Register (The Limited Liability Co another business entity w	ith an active Florida registration.)	Coral Registered Agent gistered Agent. Yo	Springs, Florida 33067Cris Boy
Coral Springs. ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Impany cannot serve as its own Registration.) street address of the registered age	Coral Registered Agent gistered Agent. Yo	Springs, Florida 33067Cris Boy 's Signature:
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Coral Springs. ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Finnany cannot serve as its own Registration.) street address of the registered age Cris Boyar N. 5551 North University E.	Coral Registered Agent gistered Agent. You cont are: armo	Springs, Florida 33067Cris Boy 's Signature: ou must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Cris Boyar 5551 North University Drive, Suite 102 Coral Springs, Florida 33067 **AMBR** Jared Perlin 11575 Heron Bay Blvd Coral Springs, Florida 33076 MGR Peter A Wiesner 1593 Trotter Court Wellington, Florida 33414 MGR Barry S Birkenholz 7411 West Upper Ridge Drive Parkland, Florida 33067 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 6, 2020 __. (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 of 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ATTACHMENT-1499 Forest Hill

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