

L200000003868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

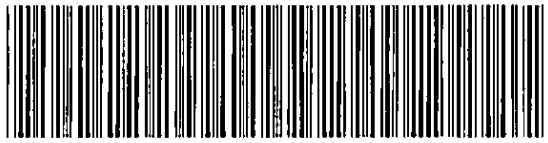
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/20--01004--003 **125.00

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2020 JAN -6 PM 4:04
FLORIDA
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TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

1495 Forest Hill Blvd Investment LLC

- ___ 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 _____

Signature _____

Requested by: Seth _____
Name Date Time
_____ 01/06/20 _____

Walk-In _____ Will Pick Up _____

2

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 1495 Forest Hill Blvd Investment, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return 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 is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1495 Forest Hill Blvd Investment, 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:

5551 North University Drive
Suite 102
Coral Springs, Florida 33067

5551 North University Drive
Suite 102
Coral Springs, Florida 33067Cris Boy

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:

Cris Boyar
Name

5551 North University Drive, Suite 102
Florida street address (P.O. Box **NOT** acceptable)

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 as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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:

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) ✓

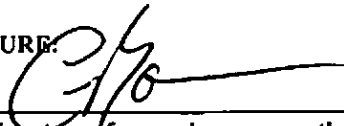
ARTICLE V: Effective date, if other than the date of filing: January 6, 2020 (OPTIONAL)

(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 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.

CRIS BOYAR

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)

ATTACHMENT

- MGR Minda S Birkenholz
7411 West Upper Ridge Drive
Parkland, Florida 33067
- MGR Anthony C Soviero
1025 West Indiantown Road Suite #106
Jupiter, FL 33458
- MGR Keith Goldblum
6340 NW 120th Drive
Coral Springs, Fl 33076
- MGR Adam Boyar
30012 Fairway Vista Drive
Fair Oaks Ranch, TX 78015

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