

L20000040613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

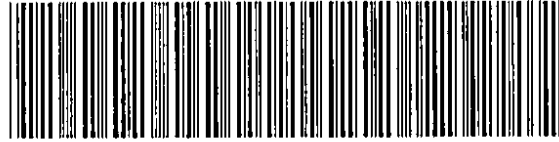
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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N C 11

FEB 10 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 177132 7837538

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : February 11, 2020

ORDER TIME : 1:48 PM

ORDER NO. : 177132-005

CUSTOMER NO: 7837538

DOMESTIC FILING

NAME: 10784 PISA ROAD LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR  
10784 PISA ROAD LLC**

The undersigned, being an authorized person to execute these Articles of Organization,  
hereby certifies as follows:

**ARTICLE I – Name:**

The name of the limited liability company is:

10784 Pisa Road LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the limited liability company is:

10784 Pisa Road  
Wellington, Florida 33414

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, Florida 32301

City, State, and 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 608, F.S.*

Corporation Service Company

By: 

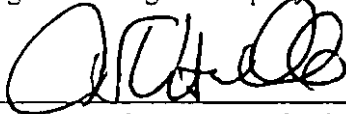
Registered Agent's Signature

Kadesha Roberson  
Asst. Vice President

**ARTICLE IV – Management (Check box if applicable.)**



The limited liability company is to be managed by one manager or more managers and is, therefore, a manager – managed company.



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

ANTHONY F. VITELLO, ESQ.

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FL