# L20000084510

(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



300341699273

03/09/20--01908--030 ++130.00

20117-7 71 8: 49

D O'KEEFE MAR 2 3 2020

### COVER LETTER

TO:

то:	D: Registration Section Division of Corporations				
SUBJ	ECT:	PALM CO.	AST 17, LLC		
		Name of Lim	ited Liability Company		
The entiling.	iclosed Articles	of Organization and fee(	s) are submitted for		
Please follow		spondence concerning th	is matter to the		
		STUART B. KLEIN, ES			
		Na	me of Person		
		STUART B. KLEIN, P	.A	<u> </u>	
			rm/Company	<del></del>	
	7108 FAIRWAY DRIVE, SUITE 120				
	Address				
		DATE OF THE PROPERTY OF THE PR	DENG EL 22410		
		PALM BEACH GAR	DENS, FL 33418 tate and Zip Code		
		•	tate and Zip Code		
	E-	_sklein@kleinslaw.com -mail address: (to be used	I for future annual report r	notification)	
	.5	(10 01 111	,	,	
For fu	rther information	on concerning this matter	r, please call:		
			(571) 470 1500		
	<u>RT B. KLEIN</u> of Person	at	(561) 478-1588 Telephone Number		
		or the/following amount:			
	25.00 Filing Fee	/	\$155.00 Filing Fee Certified Copy (additional copy is encl)	\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is encl)	
	New F Divisi P.O. B	riling Section on of Corporations Box 6327 assee, FL 32314	Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations nter Circle	

#### ARTICLES OF ORGANIZATION

## FOR PALM COAST 17, LLC

Under the Revised Limited Liability Company Act Chapter 605, Florida Statutes

### ARTICLE I NAME

The name of the limited liability company is **PALM COAST 17, LLC.** (the "LLC").

### ARTICLE II ADDRESS

The mailing address and the street address of the principal office of the LLC is 2404 Antigua Circle, A1, Coconut Creek, FL 33066

### ARTICLE III INITIAL REGISTERED AGENT

The name and street address of the initial registered agent of the LLC for service of process in the State of Florida is:

#### STUART B. KLEIN, P.A.

7108 Fairway Drive, Suite 120 Palm Beach Gardens, FL 33418

### ARTICLE IV EFFECTIVE DATE

The effective date of this filing is 5<sup>th</sup> day of March, 2020.

### ARTICLE V MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u> :	Name and Address:	Company Name:
President and Treasurer	Muriel Schlefstein 711 Woodrow Road Staten Island, NY 10308	Palm Coast 17, LLC
Secretary	Linda Corcoran 446 Beach 142 <sup>nd</sup> Street Neponsit, NY 11694	Palm Coast 17, LLC

Muriel Schlefstein

Authorized Representative

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES. THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is **PALM COAST 17, LLC**.
- 2. The name and Florida street address of the registered agent and office is:

STUART B. KLEIN, P.A.

7108 Fairway Drive, Suite 120 Palm Beach Gardens, FL 33418 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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

MURIEL SCHLEFSTEIN

Muriel Schlefstein, President