## L2000095061

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAHASSEE, FL

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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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				Art of Inc. File
	<del></del>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<del>-,,</del>	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
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				Corp Record Search
				Officer Search
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Signature				Vehicle Search
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Requested by: Seth	0.445.545.5			UCC 1 or 3 File
<del></del>	04/02/20			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 APR -2 AH 9: 25

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name: The name of the Limited Liability Company is:

784 Lake Rogers, LLC

(Must conatin 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:

Mailing Address:
50 NW Boca Raton Blvd. #15 ca Raton, Florida 33431

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:

	seph S. DiMauro	
	Name	
3850 NV	V Boca Raton Blvd. #	15
	ss (P.O. Box NOT acc	
Boca Raton	Florida	33431
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.

Joseph S. DiMauro

BAF: 31E7851F4 Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title:	<u>Name and A</u>	Address:
"AMBR" = Authori:	zed Member	
"MGR" = Manager		
MGR	Joseph S. DiMaur	n
	3850 NW Boca R	aton Blvd. #15
	Boca Raton, Flori	da 33431
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e for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)