L20000137849

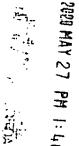
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
6 11 2 2 57 00
Special Instructions to Filing Officer:





800345367578

05/27/20--01021--008 **125.00



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2021 HAY 27 AM ID: 37 SECKETARY OF STAT

N CULLIGAN

CAPITAL CONNECTION, INC.

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

2764 FL 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
			<u> </u>	Certificate of Fictitious Name
			<u> </u>	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
J			<u> </u>	Vehicle Search
				Driving Record
Requested by: SETH	05/27/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC	2764 FL L	LC			
SODUL		Name of L	imited Liabi	lity Company	
The encl	osed Articles of	Organization and fee(s)	are submitte	d for filing.	
Please re	turn all correspo	ondence concerning this i	matter to the	following:	
	JOSEPH D.	GROSSO, JR., ESQ			
			Name o	f Person	 -
	THE LAW (OFFICE OF JOSEPH D.	GROSSO, J	R., P.A.	
			Firm/C	ompany	
	850 NW FE	DERAL HIGHWAY, SU	JITE 236		
			Add	ress	
	STUART, F	LORIDA 34994			
	JGROSSO@	JDGROSSOLAW.COM	-	nd Zip Code	
		E-mail address: (to be use		annual report notificat	ion)
For furthe	r information co	ncerning this matter, plea	ase call:		
	JOSEPH D.	GROSSO, JR.	772	261-8557	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for the	he following amount:			
≡ \$125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address Ciling Section on of Corporations Box 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 HAY 27 AH 10: 37

SECRETARY OF STATE TALLAHASSEE, FL

2764 FL LLC

(Must contain the words "Limited Liability Company, "L.L.C.." or "LLC.")

ART	ICL	Æ	II -	Ad	dr	ess
-----	-----	---	------	----	----	-----

The mailing address and street address of the principal office of the Limited Liability Company is:

6200 SW 42ND STREET	6200 SW 42ND STREET
PALM CITY, FLORIDA 34990-5311	PALM CITY, FLORIDA 34990-531

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

another business entity with an active Florida registration.)

JOSEPH D. GROS	SSO, JR.,ESQ.	
	Name	
850 NW FEDERA	L HIGHWAY, SUITE 2	36
Florida street addi	ess (P.O. Box <u>NOT</u> acce	ptable)
STUART	FLORIDA	34994
City	State	7in

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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	XUEYI ZHU 6200 SW 42ND STREET PALM CITY, FLORIDA 34990-5311	
MGR	XIAO LING YUAN 6200 SW 42ND STREET PALM CITY, FLORIDA 34990-5311	SECRETAR SECRETAR
		AND STATE
(Use attachment if necessary)		 '''
effective date is listed, the date must be site of filing.)	meet the applicable statutory filing requirements, this date will ret of State's records.	-
CLE VI: Other provisions, if any.		

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.

JOSEPH D. GROSSO, JR., ESQ

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)