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

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SECRETARY OF STATE

N CULLIGAN

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	xx	FILING	LLC			
1.		255 EMERALD LAN (CORPORATE NAME AND I	NE, LLC DOCUMENT #)	<u>.</u>		
2.		(CORPORATE NAME AND I	DOCUMENT #)		- -	
3.		(CORPORATE NAME AND I	DOCUMENT #)			
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6.		(CORPORATE NAME AND E	DOCUMENT #)			
	CIAI TRU	L CTIONS:				

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 255 Emerald Lane, 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:
Jeffrey D. Levy, Esq.
Grant W. Kehres, P.A.
2000 Glades Rd. Suite 302
Boca Raton FL 33431 Jeffrey DLevy Egmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
S125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

255 Emerald Lane, 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:
255 Emorald Lane	255 Emeralo Lang
Paim Beach, FL 33480	Polm Beach, Ft 33450
	,

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Jeffry D. Levy, Esq.

Name

2000 Glades Pol Suite 302

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

Roca Raton, FL 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...

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3 K I				

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

Title: "AMBR" = Authorized Membe	Name and Address:	Name and Address:			
"MGR" = Manager	Jeffrey Levy 2000 Glades Ro. Boca Rates, FL	50176 302° -33431			
<u> </u>					
(Use attachment if necessary)					
(If an effective date is listed, the date me the date of filing.)	n the date of filing:	ior to or 90 days after			
REQUIRED SIGNATURE:	< De la constant de l				
I am aware that	re of a member of an authorized representative of a member is executed in accordance with section 605.0203 (1) (b). Florid tany false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	SECRETARY TO STATE AHA TO STATE			
	Typed or printed name of kignee	AH S SSEE			
	Filing Fees:	يې ن∵!			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)