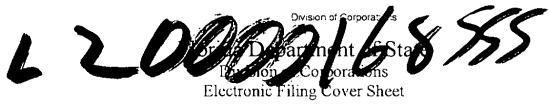
6/23/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000192383 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

FLORIDA LIMITED LIABILITY CO. CFCW PROPCO LAND O LAKES LLC

<i>выниницининициницинициницинициницинициниц</i>	anaanamanamanamanamanamanamanamanamanam
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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		C	OVER LETTER	
TO:	New Filing Sec Division of Cor			
SUBJI		ppco Land o Lakes LLC		
1501671		Name of L	imited Liability Company	·····
The en	closed Articles of	Organization and fee(s)	are submitted for filing.	
Please	return all correspo	ondence concerning this r	matter to the following:	
	Marianne Ro	omero		
			Name of Person	
	Clean Streak	: Ventures LLC		
			Fitm/Company	_
	980 North F	ederal Highway, Suite 3	15	
			Address	
	Boca Raton,	Florida 33432		
	 		City/State and Zip Code	_
		khpartners.com		
]	E-mail address: (to be use	ed for future annual report notificat	ion)
For furth	her information co	ncerning this matter, plea	ase call:	
		at ()	
	Nam	e of Person	Area Code Daytime Telephor	ne Number
Enclos	sed is a check for t	he following amount.		
□\$12	5.00 Filing Fee	□S130.00 Filing Fee Certificate of Status	& []\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address	
		iling Section on of Corporations	New Filing Section D The Centre of Tallah	
	P.O. E	30x 6327	2415 N. Monroe Stre	et, Suite 810
	Tallah	assec FL 32314	Tallahassee FL 3230	J 1

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	*Company is:			
CFCW Propeo Land o		r (al War da	. M. I. C. P. M. I. C. P.	
(Must conat	in the words "Limited	ыавініў Сотра	eny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Lim	ited Liability Company is:	
Principa	l Office Address:		Mailing Ad	dress:
980 North Federal Hig			980 North Federal Highway	<u>/</u>
Boca Raton, Florida 3	3432		Boca Raton, Florida 33432	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	n Registered Age		ndividual or
·	•	·		
The name and the Florida street a	ddress of the registered	d agent are:		
	Corporation Service			
		Name		
	1201 Hays Street			
	Florida street addres	ss (P.O. Box <u>NC</u>	T acceptable)	
	Tallahassee	F1.	32301	
	City	State	Zip	·
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obj	I hereby accept the approvisions of all suitutes responsions of one position Combination Server	cointiment its regional the pro- celating to the pro- cassegiste educa- ca Company	stered agent and agree to ac oper and complete performa ent as provided for in Chapt	ct in this capacity. I :
	į			. -

(CONTINUED)

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Title: "AMBR" = At "MGR" = Mai	nthorized Member	Name and Address:
MGR		Andres Bethencourt 980 North Federal Highway Boca Raion, Florida 33432
MGR	·············	Christopher Woodburn 980 North Federal Highway Hoca Raton, Florida 33432
(Use attachmen LEV: Effective	date, if other than the dat	te of filing:(OPTIONAL)
LE V: Effective fective date is is is of filing.) If the date inserteument's effective .E VI: Other pro	date, if other than the date ted, the date must be so d in this block does not a date on the Department visions, if any.	
LE V: Effective fective date is la of filing.) If the date inserteument's effective	date, if other than the date ted, the date must be so d in this block does not date on the Departmen	meet the applicable statutory filing requirements, this date will not let of State's records.
LE V: Effective fective date is li- of filing.) If the date inserte unent's effective LE VI: Other pro	date, if other than the date sted, the date must be sted in this block does not date on the Department visions, if any.	meet the applicable statutory filing requirements, this date will not be state's records.
LE V: Effective fective date is li- of filing.) If the date inserte unent's effective LE VI: Other pro	date, if other than the date sted, the date must be sted, the date must be sted in this block does not date on the Department visions, if any. Signature of a must be sted in this document is exect I am aware that any fals	pectific and cannot be more than five business days prior to or 90 remeet the applicable statutory lifting requirements, this date will not let of State's records.

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