

Division of Corporations

Page 1 of 2

L20000214161

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000244934 3))



H20000244934ABC

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 : GARY, DYTRYCH & RYAN, P.A.
 Account Number : 119990000255
 Phone : (561)844-3700
 Fax Number : (561)844-2388

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 27 AM 11:40

FILED

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

Email Address: mdewhurst@gdr-law.com

**FLORIDA LIMITED LIABILITY CO.
1402 14th Court, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 27 PM 12:08

RECEIVED

((H20000244934 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1402 14th Court, 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:

1090 Jupiter Park Drive
Suite 101
Jupiter, FL 33458

Mailing Address:

1090 Jupiter Park Drive
Suite 101
Jupiter, FL 33458

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:

Alys N. Daniels
Name
701 U.S. Highway One, Suite 402
Florida street address (P.O. Box NOT acceptable)
North Palm Beach FL 33408
City State Zip

FILED
2020 JUN 27 AM 11:40
TALLAHASSEE, FLORIDA

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..

Alys N. Daniels

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H20000244934 3)))

((H20000244934 3)))

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Robert D. Camerlinck
1090 Jupiter Park Drive, Suite 101
Jupiter, FL 33458

2020 JUN 27 AM 11:40
FILED
TALLAHASSEE FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Robert D. Camerlinck

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.

Robert D. Camerlinck
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

((H20000244934 3)))