

L200000213049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

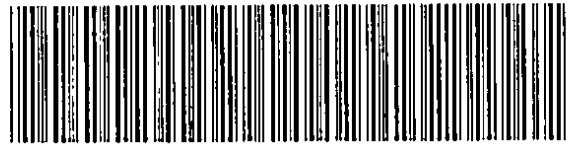
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 SEP 10 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 10 10:10:51

NO CHARGE

SEP 11 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dqs.myflorida.com
850-245-6051

FROM Melissa Stops
instops@incserv.com
850.656.7953

REQUEST DATE 9/10/2020

PRIORITY .. Routine

OUR REF # (Order ID#) 850665

ORDER ENTITY:
REM PORTFOLIOS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

REM PORTFOLIOS LLC (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES: \$155.00 Authorized
Email address for annual report reminders: kathy@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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2020 SEP 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REM PORTFOLIOS LLC

(Must end with 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:

550 OKEECHOBEE BLVD

SUITE 402

WEST PALM BEACH, FL 33401

550 OKEECHOBEE BLVD

SUITE 402

WEST PALM BEACH, FL 33401

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:

JAGUARIS BROWN

Name

550 OKEECHOBEE BLVD, SUITE 402

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

WEST PALM BEACH

FL 33401

City

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.

Jaguaris Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 SEP 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JONATHAN CARMINI MANOLI

550 OKEECHOBEE BLVD, SUITE 402

WEST PALM BEACH, FL 33401

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

JONATHAN CARMINI MANOLI

Typed or printed name of signer