

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

: (561)844-3700

Phone Fax Number

: (561)844-2388

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

FLORIDA LIMITED LIABILITY CO. NEXTGEN HANCOCK, LLC

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

D O'KEEFE SEP 1 7 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

e of the Limited Liability Company is:	
NextGen Hancock, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
LE II - Address: ling address and street address of the principal office	
	of the Limited Liability Company is: Mailing Address:
ling address and street address of the principal office	

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

Christopher R	Seifter	
	Name	
2791 Caroline	Drive	
Florida street a	address (P.O. Box <u>NOT</u> a	cceptable)
Jupiter	FL	33458
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..

Christopher R. Seifter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

) SEP 15 PM 6: 4:

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

	#KAZTD# X /	
MGR Christopher R. Seifter 2791 Caroline Drive Jupiter, FL 33477	MUK" = Manager	
MGR Christopher R. Seifter	MGR	Salvatore A. Tiano
Christopher R. Seifter 2791 Caroline Drive Jupiter, FL 33458 (Use attachment if necessary) LE V: Effective date, if other than the date of filing		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	•	Jupiter, FL 33477
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:) (a)	
Jupiter, FL 33458 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGR	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing		Jupiter, FL 33458
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REOURED SIGNATURE: Salvators A. Trano 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		
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Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)