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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : KALEEL & ASSOCIATES  
Account Number : I20000000253  
Phone : (561)279-4201  
Fax Number : (561)278-9462

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

Email Address: CarolineCGilman@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
100 VENETIAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION**

**OF**

**100 VENETIAN LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be 100 VENETIAN LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company shall be:

Principal Office Address:

901 SW 33<sup>rd</sup> Place  
Boynton Beach, FL 33435

Mailing Address:


901 SW 33<sup>rd</sup> Place  
Boynton Beach, FL 33435

**ARTICLE III – INITIAL REGISTERED OFFICE  
AND REGISTERED AGENT & REGISTERED AGENT SIGNATURE:**

The name and Florida street address of the initial registered agent is:

Caroline Gilman  
901 SW 33<sup>rd</sup> Place  
Boynton Beach, FL 33435

*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.*

  
\_\_\_\_\_  
Caroline Gilman  
Registered Agent

#### **ARTICLE IV - MANAGEMENT**

The names and addresses of each person authorized to manage and control the Limited Liability Company are:

**NAME AND ADDRESS:**

**TITLE:**

Caroline Gilman  
901 SW 33<sup>rd</sup> Place  
Boynton Beach, FL 33435

Manager

#### **ARTICLE V – DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual.

#### **ARTICLE VI — ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.


#### **ARTICLE VII– MEMBERS' RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by unanimous vote of all the remaining members.

#### **ARTICLE VIII – INDEMNIFICATION**

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager or former member or manager to the full extent permitted under the Act.

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. We are aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.

  
Caroline Gilman

STATE OF New York  
COUNTY OF Jefferson

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared by means of ☒ physical presence or ☐ online notarization, Caroline Gilman known to me to be and known by me to be the person who executed the foregoing Articles of Organization, and they acknowledged before me that they executed same.

IN WITNESS WHEREOF, we have set our hands and seal in the State and County aforementioned above this 16 day of September, 2020.

  
Notary Public

My commission expires: 10/03/2020  
(Seal)

Alexander S. Lewis  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01LE6348735  
Qualified in Jefferson County  
Commission Expires 10/03/2020

## FAX COVER SHEET

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COMPANY	
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