11/9/2 Nov. 9. 2020



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.

(((H200003881613)))



H200003881613ABC\$

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 : CIKLIN LUBITZ
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

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

Email Address: ___ gwalk@ciklinlubitz.com _____

10V - 9 PK 4:4]

FLORIDA LIMITED LIABILITY CO.

5517 Lake LLC

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

J. FASON

NOV 10 2020

H200003881613

5517 Lake LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
II - Address: address and street address of the principal office	of the Limited Liability Company is:
• •	
address and street address of the principal office	of the Limited Liability Company is: Mailing Address: 301 DeSoto Street

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

Gary Walk		
• • • • • • • • • • • • • • • • • • • •	Name	
515 N. Flagler Drive,	20th Floor	
Plorida street address	(P.O. Box NOT acc	ceptable)
West Palm Beach	Florida	33401
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..

(CONTINUED)

H200003881613

"AMBR" = Authorized M	Name and Address: ember
"MGR" = Manager	
MGR	N Henry Pevsner
	301 DeSoto Street Hollywood, Florida 33019
	Honewood, Florida 53017
MGR	Ramsey K. Pevsner
	301 DeSoto Street
	Hollywood, Florida 33019
MGR	Rachel Pevsner Crum
	301 DeSoto Street
	Hollywood, Florida 33019
ective date is listed, the da of filing.) The date inserted in this bl	or than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 cook does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
EV: Effective date, if other ective date is listed, the date of filing.) the date inserted in this blument's effective date on the	er than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 cook does not meet the applicable statutory filing requirements, this date will not be Department of State's records. ny.
EV: Effective date, if other ective date is listed, the date of filing.) the date inserted in this blument's effective date on the	er than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 cook does not meet the applicable statutory filing requirements, this date will not be Department of State's records. ny.
EV: Effective date, if othe ective date is fisted, the date inserted in this blument's effective date on the EVI: Other provisions, if a	er than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 cook does not meet the applicable statutory filing requirements, this date will not be Department of State's records. ny.
EV: Effective date, if othe ective date is fisted, the date inserted in this blument's effective date on the EVI: Other provisions, if a REQUIRED SIGNATURE Sign This docu	rethan the date of filing:
EV: Effective date, if othe ective date is fisted, the date inserted in this blument's effective date on the EVI: Other provisions, if a Sign This docult am award	or than the date of filing:

Filing Fees:

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