

L20000 363942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

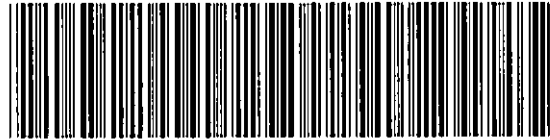
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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12/01/20--01004--004 **12.00

RECEIVED

2020 NOV 30 PM 4:04

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

2020 NOV 30 PM 3:23

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Square Lake Centre Unit LLC

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

AMENDMENTS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ INC

☐ OTHER

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ Statement of Authority

☐ Trademark

☐ APOSTIL

☐ Other

() ☐
COUNTRY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Square Lake Centre Unit ⁷ LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Samuel Holden

Name of Person

Firm/Company

8259 North Military Trail, Suite 10

Address

Palm Beach Gardens, Florida, 33410

City/State and Zip Code

tim@sfholden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Holden 561 758-7656
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Square Lake Centre Unit 7 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:

8259 North Military Trail, Suite 10
Palm Beach Gardens, Florida 33410

Mailing Address:

8259 North Military Trail, Suite 10
Palm Beach Gardens, Florida 33410

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:

Timothy Samuel Holden

Name

4253 Linden Avenue

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

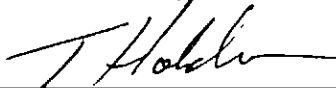
Palm Beach Gardens Florida 33410

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 NOV 30 PM 3:23

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:

AMBR

Timothy Samuel Holden
4253 Linden Avenue
Palm Beach Gardens, Florida, 33410

AMBR

Merin Elsa Holden
4253 Linden Avenue
Palm Beach Gardens, Florida 33410

(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:



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.

Timothy Samuel Holden

Typed or printed name of signee

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)