# L20000371116

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900355972609

SECRETARY OF STATE

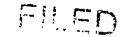
## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/04/2020					**WALK
ENTITY NAME DJE CO	ONIAL DRIVE, LLC				
		···			-
DOCUMENT NUMBER_					
	**PLEASE FILE THE A	ATTACHED	AND RETUR	W**	
	Plain Copy				,
XXXX	Certified Copy				
	Certificate of Status				
	Certified Copy of Arts & Certificate of Good Standin				
	**APOSTILLE' / NOT	TARIAL CL	RTIFICATIO	DN**	
COUNTRY OF DESTINATI	<del></del>			<u></u>	
NUMBER OF CERTIFICAT	ES REQUESTED	<u>.</u>		· · · · · · · · · · · · · · · · · · ·	
TOTAL OWED \$155.00		А	CCOUNT #	: 12016000007	'2
<b>.</b>	,				
Please call Tina at the	r above number for any	y issues or	concerns,	I hank you s	ro much!

#### COVER LETTER

	New Filing Sec Division of Co				
cuatem	DJE Color T:	nial Drive, LLC			
300000	'· <u> </u>	Nam	e of Limited Lic	bility Company	<del> </del>
The enclo	sed Articles of	Organization and 1	ee(s) are submit	ted for filing.	
Please ret	urn all corresp	ondence concerning	this matter to the	te following:	
	Andrew R.	Comiter, Esq.			
			Name	of Person	
	Comiter, Sir	nger, Baseman & B	raun, LLP		
			Firm	/Company	
	3825 PGA 1	3lvd., Suite 701			
			A	ddress	
	Palm Beach	Gardens, FL 33410	)		
	cornorate(d) co	omitersinger.com	City/State	and Zip Code	
			be used for futu	re annual report notifica	tion)
For further	information co	oncerning this matte	r, please call;		
	Rebecca Byo	ns	561 at (	626-2101	
	Nan	ne of Person	Area Cod	Daytime Telepho	ne Number
Enclosed	is a check for t	he following amour	ıt:		
	0 Filing Fee	□\$130,00 Filing Certificate of Sta	g Fee & S atus Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address Tling Section on of Corporations		Street Address New Filing Section I The Centre of Tallah	
P.O. Box 6327 Tallahassee, F1, 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 DEC -4 AM 8: 52

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

	15/4AttAS38
DJE Colonial Drive, LLC	
(Must contain the words "Limited Liabi	hty Company, "L.L.C.," or "LLC.")
ADMINIST DEL CALLOS	
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11878 Island Lakes Lane	11878 Island Lakes Lane
Boca Raton, FL 33498	Boca Raton, FL 33498
ARTICLE III - Registered Agent, Registered Office, & Ro (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Comiter, Singer, Baseman	ı & Braun, LLP
No.	*****

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

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

am tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

3825 PGA Blvd., Suite 701

Palm Beach Gardens FL 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager		
MGR	Joseph Ender	
	11878 Island Lakes Lane Boca Raton, FL 33498	
	Trica ration, 11, 25, 70	71 23.50 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.63 18.
V 12711	D 5 1	0E0
<u>MCiR</u>	Donna Ender 11878 Island Lakes Lane	<del></del>
	Boca Raton, FL 33498	
		ing −0 Orang Same
		8: 52 STATI
		<del></del>
(Use attachment if neces	ssary)	
	ther than the date of filing:	
	date must be specific and cannot be more than five business days prid	or to or 90 days after
he date of filing.) Natar of the data incorted in this	block does not meet the applicable statutory filing requirements, this do	ata will not be licted as
	the Department of State's records.	ne witt not be fisted as
the diverment's effective date of	the Department of State S records.	
RTICLE VI: Other provisions, i	fany.	
REOUTRED SIGNATI	GDE: A A A A A	
KLACIKLE SIGNATI		
	Mu muli	
Si	gnature of a member or an authorized representative of a member.	<del></del>
	cument is executed in accordance with section 605.0203 (1) (b). Florida	
	are that any false information submitted in a document to the Departmen	nt of State
consutu	tes a third degree felony as provided for in s.817,155, F.S.	
,	Andrew R. Comiter, Authorized Representative	
<u>-</u>	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)