

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,

(((H200004356463)))



	Doing so will generate another cover sheet.	ALE SE
To:	Dividados of Commentations	AHA!
	Division of Corporations Fax Number : (850)617-6381	ASSE ASSE
_	,,	
From:	Assessed the second of the sec	ات ده
	Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.	A.
	Account Number : 072100000047	発量
	Phone : (561)659-1770	
	Fax Number : (561)833-2261	•

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

lhamby@amrl.com Email Address:

FLORIDA LIMITED LIABILITY CO.

13465 NE 17th Avenue, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

H20000435646 3

COVER LETTER

	ew Filing Sectivision of Cor				
SUBJECT:		17th Avenue, LLC			
SUBJECT.	-	Name of	Limited Liabili	ty Company	
The enclose	ed Articles of	Organization and fee(s)	are submitted	for filing.	
Please retur	m all correspo	ondence concerning this	matter to the f	ollowing:	
	Louis L. Har	пьу III			
			Name of	Person	 .
	Alley, Maass	s, Rogers & Lindsay, PA	١.		
			Firm/Co	mpany	
	340 Royal P	oinciana Way, Suite 32	l		
			Addr	css	
	Palm Beach,	FL 33480			
	lhamby@amr	1	City/State an	d Zip Code	
<u>-</u>		E-mail address: (to be us	sed for filture s	unual report notificati	ion)
For further in		oncerning this matter, ple			,
	Cindy Rush	at	561 (659-1770	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		filing Section on of Corporations		New Filing Section D: The Centre of Tallah:	
		Box 6327		2415 N. Monroe Stre	
		nassce, FL 32314		Tallahassee, FL 3230	

H20000435646 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13465 NE 17th A	Avenue, LLC			
(Must	contain the words "Limited	Liability Compar	y, "L.L.C.," or "LLC.")	—
ARTICLE II - Address; The mailing address and stre	eet address of the principal	office of the Limit	ed Liability Company is:	
<u>Prl</u>	ncipal Office Address:		Mailing Address:	
340 Royal Po	inciana Way, Suite 321 FL 33480	<u> </u>	40 Royal Poinciana Way, Suite Palm Beach, FL 33480	321
The Limited Liability Com- mother business entity with	Agent, Registered Office pany cannot serve as its own an active Florida registration reet address of the registered Louis L. Hamby III	m Registered Agention.)	ent's Signature: t. You must designate an individual c	- 4
The Limited Liability Com- mother business entity with	pany cannot serve as its ow 1 an active Florida registrati reet address of the registere	m Registered Agention.)	ent's Signature: t. You must designate an individual c	2020 DEC 21 SECRETAR
The Limited Liability Com- mother business entity with	pany cannot serve as its ow 1 an active Florida registrati reet address of the registere	n Registered Agention.) ed agent are: Name a Way, Suite 321	t. You must designate an individual o	2020 DEC 21 SECRETAR
The Limited Liability Com- mother business entity with	pany cannot serve as its own an active Florida registration reet address of the registere Louis L. Hamby III 340 Royal Poincian	n Registered Agention.) ed agent are: Name a Way, Suite 321	t. You must designate an individual o	2020 DEC 21 AH SECRETARE DE TALLAHASSÉE, FL

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)

H20000435646 3

Title:		Name and Address:	
"AMBR" = Auth	• •		
"MGR" = Mana;	er	Gary Darman	
Manager		414 - 1 244	
		25 Recreation Park Drive, Suite 204 Hingham, MA 02043	
Manager		Mahatan Kanada	
		Nicholas Vanoff 340 Royal Poinciana Way, Suite 321	
		Palm Beach, FL 33480	5 5
		ż	ACR ∃
			<u> </u>
			2 } ∧
			77
		بر. مور	15- ₹
			C7.
			
		Ö	rei N
ective date is list	ate, if other than the date of	f filing: (OPTIONAL iffic and cannot be more than five business days prior to	.)
EV: Effective dective date is list of filling.) The date inserted ment's effective	ate, if other than the date of ed, the date must be spec- in this block does not me date on the Department of isions, if any.	f filing: (OPTIONAL ific and cannot be more than five business days prior to tet the applicable statutory filing requirements, this date version of State's records.	.) o or 90 day
EV: Effective dective date is list of filling.) The date inserted ment's effective	ate, if other than the date of ed, the date must be spec- in this block does not me date on the Department of isions, if any.	f filing: (OPTIONAL ific and cannot be more than five business days prior to the applicable statutory filing requirements, this date were the applicable statutory filing requirements.	.) o or 90 day
EV: Effective dective date is list of filling.) The date inserted ment's effective	ste, if other than the date of ed, the date must be spec- in this block does not me date on the Department of isions, if any, ed to conduct sny and	f filing: (OPTIONAL iffic and cannot be more than five business days prior to cet the applicable statutory filing requirements, this date of State's records.	o or 90 day
E V: Effective dective date is list of filing.) The date inserted ment's effective E VI: Other provide authorize REQUIRED SI	in this block does not me date on the Department of date on the Department of date to conduct any and CONATURE: Signature of a ment of this document is executed am aware that any false is	f filing: (OPTIONAL ific and cannot be more than five business days prior to tet the applicable statutory filing requirements, this date version of State's records.	o or 90 day
E V: Effective dective date is list of filing.) The date inserted ment's effective E VI: Other provide authorize REQUIRED SI	in this block does not me date on the Department of date on the Department of date to conduct any and CONATURE: Signature of a ment of this document is executed am aware that any false is	filling:	o or 90 day
E V: Effective dective date is list of filing.) the date inserted ment's effective E VI: Other prov. C is authoriz	in this block does not me date on the Department of date on the Department of date to conduct any and GNATURE: Signature of a ment of a many and any and document is executed am aware that any false it constitutes a third degree of the day of	filling:	o or 90 day will not be