13053284774

Florida Department of State

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.

(((H21000029850 3)))



H210000293503ABC.

To:			
	Division of Co	rporations	
	Fax Number	: (850)517-6381	
From:			
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number	: 120000000146	
	Phose	: (305)444-4994	
	Fax Number	: (395)444-4977	
**=	aren the email ad	dress for this business entity to be used for fut	ure

FLORIDA LIMITED LIABILITY CO. BOCA FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
BocaFL One, LLC	21.0 2-21.05\
(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:	Mailing Address:
186 SE 12 TERRACE STE 1408 MIAMI, FL 33131	SAME
MIAMIL 1 200	

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:

PINNACLE TAX	& ACCOUNTING GR	OUP, LLC
186 SE 12 TERRA Florida street addr	CE STE 1408 ess (P.O. Box <u>NOT</u> 20	ceptable)
MIAMI	FL:	33131
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 suitues 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..

Open Padial
Registered Agent's Signature (REQUIRED)

(CONTINUED)

		Name and Address:
iti c: AMBR" - Autho	ized Member	
AMBR - Audio MGR" = Manage	•	
	<u>.</u>	EAN BRUNO MEYER 186 SE 12 TERRACE STE 1498
AMBR		186 SE 12 TERRACE STE 1978 MIANIL FL 13131
	į.	MIAMILIE 1921
		IULIAN MEYER
AMBR		JULIAN MEYER 186 SE 12 TERRACE STE (403) MJAML FL 33131
		MIAMI, PL 33131
		
		_
		antico VI
(Use aunehment	ne, if other than the date of	filing: (OPTIONAL) fic and cannot be more than five business days prior to ur 90 c
EV: Effective d	ne, if other than the date of	filing:
EV: Effective d fective date is list of filing.)	me, if other than the date of ed, the date must be speci	et the spolicable statutory filing requirements, this date will not
EV: Effective d fective date is list of filing.)	me, if other than the date of ed, the date must be speci	et the spolicable statutory filing requirements, this date will not
EV: Effective of fective date is list of filing.) I the date inserted the property of the date inserted the date inserted the property of the date inserted the date inserted the date inserted the date in the date inserted the date in the date inserted the date in the da	me, if other than the date of ed, the date must be speci in this block does not med date on the Department of	et the spolicable statutory filing requirements, this date will not
EV: Effective defective date is list of filing.) I the date inserted insert	me, if other than the date of ed, the date must be speci in this block does not med date on the Department of	et the spolicable statutory filing requirements, this date will not
EV: Effective d fective date is list of filing.)	me, if other than the date of ed, the date must be speci in this block does not med date on the Department of	et the spolicable statutory filing requirements, this date will not
EV: Effective of fective date is list of filing.) I the date inserted amount's effective	me, if other than the date of ed, the date must be speci in this block does not med date on the Department of	et the spolicable statutory filing requirements, this date will not
EV: Effective of fective date is list of filing.) I the date inserter ment's effective LEVI: Other pro	me, if other than the date of ed, the date must be speci in this block does not med date on the Department of visions, if any.	et the spolicable statutory filing requirements, this date will not
EV: Effective defective date is list of filing.) I the date inserted insert	ne, if other than the date of ed, the date must be speci in this block does not med date on the Department of isions, if any.	et the applicable statutory filing requirements, this date will not State's records.
EV: Effective of fective date is list of filing.) I the date inserter ment's effective LEVI: Other pro	tie, if other than the date of ed, the date must be speci in this block does not medate on the Department of islons, if any. GNATURE:	et the applicable statutory filing requirements, this date will not State's records. State's records.
EV: Effective of fective date is list of filing.) I the date inserter ment's effective LEVI: Other pro	tie, if other than the date of ed, the date must be speci in this block does not med date on the Department of isions, if any. GNATURE: Signature of a men This document is execute	et the applicable statutory filing requirements, this date will not State's records. There is a nauthorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, the in accordance with section 605.0203 (1) (b) Plorida Statutes.
EV: Effective of fective date is list of filing.) I the date inserter ment's effective LEVI: Other pro	tie, if other than the date of ed, the date must be speci in this block does not med date on the Department of issions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse.	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State follows provided for in 5.817.155, F.S.
EV: Effective of fective date is list of filing.) I the date inserter ment's effective LEVI: Other pro	tie, if other than the date of ed, the date must be speci in this block does not med date on the Department of issions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse.	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State follows provided for in 5.817.155, F.S.
EV: Effective defective defective date is list of filling.) I the date inserted ment's effective ament's effective	tie, if other than the date of ed, the date must be speci in this block does not med date on the Department of issions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse.	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State follows provided for in 5.817.155, F.S.
EV: Effective defective defective date is list of filling.) I the date inserted ment's effective ament's effective	tie, if other than the date of ed, the date must be speci in this block does not med date on the Department of issions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse.	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State felony as provided for in 5.817.155, F.S. EYER Typed or printed name of signar.
EV: Effective defective defective date is list of filling.) If the date inserted ins	sie, if other than the date of ed, the date must be speci in this block does not med date on the Department of isions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse constitutes a third degree IEAN BRUNO M	nber or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State felony as provided for in 5.817.155, F.S. EYER Typed or printed name of signes.
EV: Effective defective defective date is list of filling.) If the date inserted ment's effective date inserted	sie, if other than the date of ed, the date must be speci in this block does not med date on the Department of isions, if any. GNATURE: Signature of a men This document is execute I am aware that any fulse constitutes a third degree IEAN BRUNO M	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statues, information submitted in a document to the Department of State felony as provided for in 5.817.155, F.S. EYER Typed or printed name of signar.