# Florida Department of State

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From:

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Account Number : 120020000140 : (561)844-3600 Phone

: (561)842-4104 Fax Number

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> FLORIDA LIMITED LIABILITY CO. 1421 BOAT HOUSE, LLC

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Certificate of Status	1
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### Confirmation Report - Memory Send

: 03-22-21 05:20pm

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To

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Document pages

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3/22/2021

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#### FLORIDA LYMITED LIABILITY CO. 1421 BOAT HOUSE, LLC

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#### COVER LETTER

	w Filing Sect vision of Corp			•	
		HOUSE, LLC			_
SUBJECT:	<del></del> -	Name of I	limited Lial	bility Company	
The enclose	ed Articles of (	Organization and fee(s)	are submitt	ted for filing.	
Please retur	n all correspo	ndence concerning this	matter to th	e following:	
	PETER R. R.	AY, ESQ.			
			Name	of Person	
	Cohen Norris	s Wolmer Ray Telepma	ın Berkowit	z Cohen	
			Firm	Company	
	712 U.S. Hig	hway One, Suite 400			
			A	ddress	
	North Palm l	Beach, FL 33408			
	T ROCOHEN	NORRIS.COM	City/State	and Zip Code	
•	_		sed for futu	re annual report notificati	on)
For further i	nformation co	ncerning this matter, pl	ease call:		
	Karin Drakas	i at	561	844-3600	
	Nan	ne of Person	Area Cod	c Daytime Tolephon	e Number
Enclosed i	s a check for t	he following amount:			
	Filing Fee	≘\$130.00 Filing Fe Certificate of Status	Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Filing Section		Street Address New Filing Section D	
	Divisi P.O. F	on of Corporations Box 6327 hassee, FL 32314		The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810

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

RTICLE I - Name: The name of the Limited	Liability Compan <b>y</b> is:		
1421 BOAT I	HOUSE, LLC		
(Mı	ist contain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and	: street address of the principal	office of the Lim	ited Liability Company is:
<u> </u>	rincipal Office Address:		Mailing Address:
1768 Coral W	ay N.		1768 Coral Way N.
Vero Beach, I			Vero Beach, FL 32963
The Limited Liability Conother business entity w	red Agent, Registered Office ompany cannot serve as its ow with an active Florida registrati a street address of the registere	n Registered Age on.)	Agent's Signature: ent. You must designate an individual or
	Anne Marie Sincava	igė	
		Name	
	1768 Coral Way N.		
	Florida street addre	33 (P.O. Box <u>NO</u>	Tacceptable)
	Vero Beach	FL	32963
	City	State	7in

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)

00 122 22 PT 12: 0F

## H 210001154933

Title: "AMBR" ← Authorized Member "MGR" = Manager	Name and Address:
MGR	David Sincavage 1768 Coral Way N. Vero Beach, FL 32963
MGR	Anne Marie Sincavage 1768 Coral Way N. Vero Beach. FL 32963
effective date is listed, the date mus te of filing.)	the date of filing
CLE V: Effective date, if other than effective date is listed, the date muste of filling.)  If the date inserted in this block do	at be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be I
CLE V: Effective date, if other than effective date is fisted, the date muste of filing.)  If the date inserted in this block document's effective date on the Department.	at be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be I

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)