L21000128108

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| fied Copies Certificates of Status |
| ecial Instructions to Filing Officer: |
| , and the second |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



600358806446

02/23/21--01004--012 **160.00

TALLAHASSEE, FL

021 MAR 26 PM 2: 22

COVER LETTER

New Filing Section Division of Corporations

TO:

| | Pico Turqu | ino, LLC | | | | |
|---------------|----------------------------|--|-------------------|--|--|-------------------------|
| SUBJECT | `: | Name c | of Limited Lia | bility Company | | |
| The enclos | ed Articles of | Organization and fee | (s) are submitt | ed for filing. | | |
| Please retu | rn all correspo | ondence concerning th | nis matter to th | e following: | | |
| | Kenneth S. J | affe | | | | |
| | | | Name | of Person | | |
| | | | Firm/ | Company | | |
| | 7138 Lake W | Vorth Road | | | | |
| | | | Ac | ldress | | |
| | Lake Worth, | FL 33467 | | | | |
| | kennyj3618@ | bellsouth.net | City/State | and Zip Code | | |
| | | | used for futur | e annual report notificat | ion) | <u></u> |
| For further i | nformation co | ncerning this matter, p | please call: | | | |
| | Kenneth S. Ja | _ | 561 | 328-6480 | | |
| | Nam | e of Person | at (Area Code | | e Number | |
| Enclosed is | s a check for tl | ne following amount: | | | | |
| □\$125.00 |) Filing Fee | □\$130.00 Filing F Certificate of State | is Cer | 155.00 Filing Fee & tified Copy onal copy is enclosed) | ■\$160.00 the Certificate Certified Contact (additional contact) | of Status & |
| | New F Divisio P.O. B | g Address iling Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 | 2021 MAR 26 PALLAMAS |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ame of the Limited Liabi | my Company is. | | | | |
|---------------------------|--|-----------------|---|--|--|
| Pico Turquino, LLC | | | | | |
| (Must co | ntain the words "Limited | d Liability Cor | npany, "L.L.C.," or "LLC.") | | |
| CLE II - Address: | | | | | |
| ailing address and street | address of the principal | office of the L | imited Liability Company is: | | |
| Principal Office Address: | | | Mailing Address: | | |
| 7138 Lake Worth Ro | ad | | 7138 Lake Worth Road | | |
| Lake Worth, FL 33467 | | | Lake Worth, FL 33467 | | |
| r business entity with a | n active Florida registratet address of the register | ion.) | Agent, You must designate an individual o | | |
| | Kenneth S. Jaffe | Name | · | | |
| | | Name | | | |
| | 7138 Lake Worth | | | | |
| | Florida street addre | ess (P.O. Box | NOT acceptable) | | |
| | Lake Worth | I-1. | 33467 | | |

been named as registered agent and to accept service of process for the above stated limited liability company at the esignated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Iiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

| "MGR" = Manager MGR MGR Radied Perer Seoft S. DINIE HWY WEST DALM BEACH. FL 33407 (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a becument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a partity river 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. Remoth's Julie Filing Fees: S125.00 Certified Copy (Optional) Filing Fees: S135.00 Certificate of Status (Optional) Filing Fees: S100 Certificate of Status (Optional) Filing Fees: S100 Certificate of Status (Optional) Filing Fees: S100 Certificate of Status (Optional) Filing Fees: Filing Fees: Filin | Title: | Name and Address: | | | |
|--|--|--|--------------|-------------|------------|
| MGR Radiad Perez Soll S. DINIE HWY WEST DALM BEACH, H. 33405 (Use attachment if necessary) CLF V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ascument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or applicable statutory filing requirements this date will not be listed as constitutes at third degree felony as provided for in s.817.155, F. S. Rement S. Julie Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | "AMBR" = Authorized Member | | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after to effiling.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or apauthorized representative of a member. This document is executed in accordance with section 60.5 (203 (1) (b), Florida Statutes, I am aware that any false information's bubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F. S. Remetik S. Jate Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | "MGR" = Manager | | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or apartthorized 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. Kenneth 8, Julie Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | MGR | | | _ | |
| (Use attachment if necessary) **LE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) **Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) **If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. **ILE VI: Other provisions, if any.** **REOUIRED SIGNATURE: Signature of a member of a partity orized representative of a member. This document is executed in acquarye 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. Kenneth S. Jaffe | | 7138 Lake Worth Road, Lake Worth, FL 33467 | | _ | |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a unnent's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a partiforized 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. Remeth S. Jaile Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) | | | | | |
| (Use attachment if necessary) **LE V: Effective date, if other than the date of filing: **Pebmary 10, 2021** (OPTIONAL) **If fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) **If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a unent's effective date on the Department of State's records. **IE VI: Other provisions, if any.** **REOUIRED SIGNATURE:** Signature of a member or aparthy-orized representative of a member. This document is executed in acgratuate 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. **Renneth S. Jaile** Typed or printed name of Signee** **Filling Feess:** \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent** \$30.00 Certified Copy (Optional) | | | | | |
| (Use attachment if necessary) (Use attachment if necessary) (Defetive date, if other than the date of filing: February 10, 2021 | MGR | | | _ | |
| REOUIRED SIGNATURE: Signature of a member or apauthorized 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. Kenneth S. Jaffe Typed or printed name of signee Filling Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | | 6803 S. DIXIE HWY WEST PALM BEACH, FL 33405 | | _ | |
| REOUIRED SIGNATURE: Signature of a member or apauthorized 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. Kenneth S. Jaffe Typed or printed name of signee Filling Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | | | | _ | |
| LE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records. LE VI: Other provisions, if any. Signature of a member or apauthorized 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. Kenneth S. Jaffe | | | | | |
| REOUIRED SIGNATURE: Signature of a member or apauthorized 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. Kenneth S. Jaffe Typed or printed name of signee Filting Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) | | | | _ | |
| ELE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. ELE VI: Other provisions, if any. Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | _ | |
| ELE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. ELE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | _ | |
| ELE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. ELE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | | |
| CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) (Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | | |
| CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) (Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | · · · · · · · · · · · · · · · · · · · | | | _ | |
| CLE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after co of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | _ | |
| ELE V: Effective date, if other than the date of filing: February 10, 2021 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. ELE VI: Other provisions, if any. Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | | |
| CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Kenneth S. Jaffe 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) | | | | | |
| CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after tee of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ficument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or ap 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. Senneth S. Jaffe | (Use attachment if necessary) | | | | |
| 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. Kenneth S. Jaffe 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) | · | int of state's records. | | | |
| 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. Kenneth S. Jaffe Typed or printed name of signee Typed or printed name of signee Typed or printed name of State Typed or printed name of | | | | <u>-</u> | - - |
| 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. Kenneth S. Jaffe Typed or printed name of signee Typed or printed name of Registered Agent S 30.00 Certified Copy (Optional) Typed or printed name of Registered Agent Typed Copy (Optional) Typed Copy | | | | | - |
| 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. Kenneth S. Jaffe Typed or printed name of signee Typed or printed name of signee Typed or printed name of Registered Agent Typed Optional | Voice | 1st & Nova | | | |
| 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. Kenneth S. Jaffe Typed or printed name of signee Typed or printed name of signee Typed or printed name of Registered Agent Typed Optional | Si | W W | | - | |
| 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. Kenneth S. Jaffe Typed or printed name of signee Typed or printed name of signe | Signature of a | member of agrautiforized representative of a membe | | | |
| Constitutes a third degree felony as provided for in s.817.155, F.S. Kenneth S. Jaffe | | | | | |
| 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) | | | iem or other | • | |
| Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) | | , | | 2 | |
| Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) | Kenneth S. Jaffe | | _ = | 2 | |
| Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) | | Typed or printed name of signee | <u> </u> | <u></u> | |
| 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) | | | | 70 | •• |
| S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional) | | | <u></u> ک | | 1 |
| S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional) | | | <i>\$77</i> | _ | 1 |
| S 5.00 Certificate of Status (Optional) $f^{v_1} = \mathbf{v} = \mathbf{t}$ | |) | | <u> </u> | I . |
| | \$ 5.00 Certificate of Status (Ont.) | | | | 4 - |