

L21000135521

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600363253836

21 APR - 1 PM 2:55

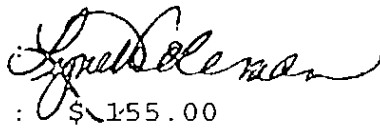
2021 APR - 1 AM 10:09

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 739794 4311639

AUTHORIZATION



COST LIMIT : \$155.00

-----  
ORDER DATE : March 31, 2021

ORDER TIME : 10:51 AM

ORDER NO. : 739794-005

CUSTOMER NO: 4311639  
-----

DOMESTIC FILING

NAME: 141 BEACON LANE, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
141 BEACON LANE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **141 Beacon Lane, LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**141 Beacon Lane  
Jupiter, Florida 33469**

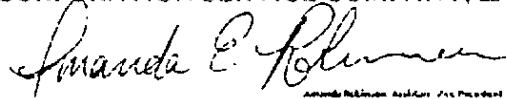
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY, as Registered Agent

  
Amanda Robinson Assistant Vice President

Name: Amanda Robinson

Title: Assistant Vice President

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

Ethan Leder  
141 Beacon Lane  
Jupiter, Florida 33469

2021 APR -1 11:10:09

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on March 31, 2021.

/s/ Edward L. Ristaino

Edward L. Ristaino, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Edward L. Ristaino

Typed or printed name of signee