

L21000179117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

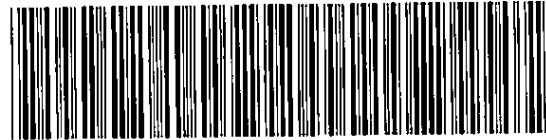
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>827 19th Place, LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ☒ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

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Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 4/23/21 TIME _____

Notes: _____

ARTICLES OF ORGANIZATION FOR

827 19th Place, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **827 19th Place, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **835 22nd Street, Vero Beach, FL 32960.**

ARTICLE III: AUTHORIZED MEMBERS

The name and address of the initial Authorized Member of the company is:

FDCHFV, LLC, Authorized Member, 835 22nd Street, Vero Beach, FL 32960

ARTICLE IV: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Bryan R. Stinchfield, 835 22nd Street, Vero Beach, FL 32960.**

The undersigned has executed these Articles of Organization this 23rd day of April 2021.

"Advanced Filing and Retrieval Services, Inc. by, Weimar Lopez,
Client Representative"



Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the
aforementioned company, organized under the laws of the State of
Florida, submits the following statement designating the Registered
Agent and Registered Office, in the State of Florida.

Name of the limited liability company:

827 19th Place, LLC

**Name and address of the Registered Agent and Registered
Office:**

Bryan R. Stinchfield

835 22nd Street, Vero Beach, FL 32960

Having been named Registered Agent and to accept Service of
Process for the aforementioned company at the designated
place in this certificate, I hereby accept the appointment and
agree to act in its capacity, I further agree, am familiar with and
accept the obligations of my position as Registered Agent as
provided for in Chapter 605, Florida Statutes.

/s/ Bryan R. Stinchfield

SECRETARY OF STATE
TALLAHASSEE, FL

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