6/3/2021



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A.

Account Number : I20200000171 Phone : (954)334-2250

Fax Number : (888)503-5258

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

F 1 1				
FW311	Address:			

# FLORIDA LIMITED LIABILITY CO. 2300 Delmar Place LLC

Certificate of Status	0
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## **COVER LETTER**

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cup ID co	2300 Delmar Place LLC					
SUBJECT		Limited Liabilit	y Company			
The enclos	sed Articles of Organization and fee(s	) are submitted (	for filiny.			
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	Nicole M. Villarroel, Esq.				27.	77
		Name of I	Person		E S	
	Olive Judd, P.A.				ANSSE ANSSE	コープロ
		Firm/Cor	npany		3	
	2426 Fast Las Olas Boulevard				2021 JUN -3 AM 10: 33	
		Addre	ess			
	Fort Lauderdale, FL 33301					
		City/State and	l Zip Code		<del> </del>	
	nvillarroel@olivejudd.com					
	E-mail address: (to be a	ised for future ar	nnual report notification	on)		
For further	information concerning this matter, pl	ease call:				
	Nicole M. Villarroel	954 (	334-2250			
	Name of Person	·	Daytime Telephone	e Number		
Enclosed	is a check for the following amount:					
<b>≣\$</b> 125.0	0 Filing Fee ☐\$130.00 Filing Fe Certificate of Status	Certifie	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address  New Filing Section  Division of Corporations		Street Address New Filing Section Di The Centre of Tallaha			
	P.O. Box 6327		2415 N. Monroe Stree	et, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

(((H210002209193)))

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

2300 Delmar Place LLC

(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:

2301 East Las Olas Boulevard

Fort Lauderdale, FL 33301

2301 East Las Olas Boulevard
Fort Lauderdalc, FL 33301

Zip

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:

Olive Judd, P.A.

Name

2426 East Las Olas Boulevard

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL

City State

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)

2021 JUN -3 AM 10: 3

ARTICLE IV-

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Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Caroline Malaugh
	9209 Cromwell Park Place Orlando, FL 32827
	Offantao, 1 C 52027
AMBR	Leslie Sinclair
	2301 East Las Olas Boulevard
	Fort Lauderdale, FL 33301
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