L21000279476

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
-	
	:

Office Use Only



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THE STAND TO SEE

RECEIVED

TILLIU 121 JUN 15 PM 1: FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Corporation Name & Document Number, (if	(OFFICE USE ONLY) known):
Berkley Lake Townhomes LLC.	,
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
	EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE		ke Townhomes LLC			
SUBJE	C1	Name of	Limited Lial	oility Company	
The enc	losed Articles of	Organization and fee(s) are submitt	ed for filing.	
Please r	eturn all correspo	ondence concerning this	matter to th	e following:	
	Adrian Brior	1			
		 ·· · · · · · · · · · · · · · · · · ·	Name	of Person	
	The Inc. Net	work Inc.			
			Firm/	Company	
	12929 La Ro	schelle Circle			
			Ad	dress	
	Palm Beach	Gardens, FL 33410			
	adrian@thein	enatural com	City/State	and Zip Code	
			sed for futur	e annual report notificati	ion)
For furth	er information co	ncerning this matter, pl	ease call:		
	Adrian Brion	at	561	352-0602	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for the	he following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address illing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	4
The name of the Limited Liability Company is:	S
Berkley Lake Townhomes LLC	
(Must contain the words "Limited Liability Compar	w "LC "or "LC"

2021 JUN 15 PM 1: 18 SECRETARY OF STATE TALLAHASSEE, FL

(Must cont	ain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
•		·	,	
ARTICLE II - Address: The mailing address and street ac	ddraea af tha aringinal	office of the Liv	mitad Liphility Company is:	
The maining address and street at	duress of the principal of	office of the Li	miled Clabinty Company is:	
Princips	al Office Address:		Mailing Address:	
5728 Major Blvd., St	nite 510		5728 Major Blvd., Suite 510	
Orlando, FL 32819			Orlando, FL 32819	
· · · · · · · · · · · · · · · · · · ·				
ARTICLE III - Registered Age				
The Limited Liability Company	cannot serve as its owr	n Registered Ag	ent. You must designate an individua	lor
another business entity with an a			•	
·	•			
The name and the Florida street a	address of the registere	d agent are:		
	Todd Baldwin			
	7000 2010	Name		
	5728 Major Blvd., S			
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
	Orlando	FL	32819	
	City	State	Zip	
			or the above stated limited liability con	
	I hereby accept the app	ointment as reg	istered agent and agree to act in this c	capacity. I
ace aesignaiea in inis certificate, .				
			roper and complete performance of my) duties, and l
rther agree to comply with the pro	ovisions of all statutes r	elating to the p	roper and complete performance of my pent A s provided for in Chapter 605. F	
rther agree to comply with the pro	ovisions of all statutes r	elating to the p	roper and complete performance of my geni as provided for in Chapter 605, F	
rther agree to comply with the pro	ovisions of all statutes r	elating to the p		
rther agree to comply with the pro	ovisions of all statutes r	elating to the p		
rther agree to comply with the pro	ovisions of all statutes r ligations of my position	elating to the pa as registered a	gent as provided for in Chapter 605, F	
rther agree to comply with the pro	ovisions of all statutes r ligations of my position	elating to the pa as registered a		

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	·
"MGR" = Manager	
MGRM	Kevin Harris 5728 Major Blvd., Suite 510 Orlando, FL 32819
MGRM	Brendon Brown 5728 Major Blvd., Suite 510 Orlando, FL 32819
MGRM	Marcelo Aramendi 5728 Major Blvd., Suite 510 Orlando, FL 32819
	SEE FL
(Use attachment if necessary)	
TIPAN PROCESSES AND A STATE OF THE STATE OF	1
ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d ot meet the applicable statutory filing requirements, this date will not be ent of State's records.
ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d ot meet the applicable statutory filing requirements, this date will not b
ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d ot meet the applicable statutory filing requirements, this date will not b
ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is expected that any file.	e specific and cannot be more than five business days prior to or 90 d ot meet the applicable statutory filing requirements, this date will not b
Mective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explain aware that any forces constitutes a third de	ot meet the applicable statutory filing requirements, this date will not be ent of State's records. I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

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)