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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Account Number : 072100000047 Phone : (561)659-1770

Fax Number : (561)833-2261

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

steve207655@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO. 3318 GREENWAY DR LLC

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JUN 25 2021

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COVER LETTER

	New Filling Sec Division of Cor				
erm me		ENWAY DR LLC		·	
SUBJEC	,i:	Name of L	imited Lia	bility Company	
The encl	osed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please re	turn all correspo	ondence concerning this r	netter to th	e following:	
	Steven Mene	ezes			
	 -		Name	of Person	
			Firm/	Company	
	717 Dakota I	Drive			
		-	Ac	ldress	
	Jupiter, PL 3	33458			
	* **, **	-	City/State	and Zip Code	-
	steve207655@	2gmail.com			
		E-mail address: (to be use	d for futu	e annual report notificat	ion)
For furthe	r information co	neerning this matter, ples	ise call:	-	
	Louis L. Han		561	659-1770)	
	Nair	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:			
冒\$125.	00 Filing Fec	□\$130.00 Filing Fee Certificate of Status	Cen	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

н21000238535 3

he name of the Limited List	oility Company is:			
3318 GRHENWA		,		
(Must o	contain the words "Limited I	Liability Company, *	"LLC," or "LLC")	
RTICLE II - Address: he mailing address and stre	et address of the principal of	Nice of the Limited	Liability Company is:	
Prin	idpal Office Address:		Mailing Address:	
717 Dakota Drive	:	7171	Dakota Drive	
			TT 22456	
The Limited Liability Comp nother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratio	& Registered Agent. Y	er, FL 33458 et's Signature: You west designate an individual o	or .
ARTICLE III - Registered The Limited Liability Count mother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered	& Registered Agent. Y	t's Signature:	or .
ARTICLE III - Registered The Limited Liability Count mother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratio	& Registered Agent. Y	t's Signature:	or
ARTICLE III - Registered The Limited Liability Count mother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered	& Registered Agent. Y Registered Agent. Y n.) Lagent are:	t's Signature:	or
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

JUN 24 PH 12:

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AMBR* = Authorized Member *MGR* = Munager MGR	Title:	Name and Address:	
MGR Steven Menezes TT Dakota Drive Juniter, FL 33458 MGB Resisten Menezes 717 Dakota Drive Juniter, FL 33459 (OPTIONAL) The date in the date of filling 6/17/2021 (OPTIONAL) The date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filling.) If the date inserted in this block does not neet the applicable stantory filing requirements, this date will not be listed amount's effective date on the Department of State's records. The VI: Other provisions, if any data lawful business REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in necondance with section 605.0203 (1) (b), Florida Statutes I am sware that any falso information submitted in a document to the Department of State constitutes a fund degree felony se provided for in a 817.155, F.S. Steven Menezes Typed or printed name of signee Filling Feest.			
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