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# **COVER LETTER**

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SUBJECT		Circle, LLC				
Sobject	•	Nan	ne of Lim	ited Liabil	ty Company	
The enclos	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retu	rn all correspo	ondence concernin	g this mat	tter to the f	ollowing:	
	Jennifer E. Z	Zakin, Esq.				
		······		Name of	Person	<del></del>
	Redgrave &	Rosenthal LLP				
				Firm/Co	mpany	
	225 N.E. Mi	zner Boulevard, S	uite 440			
		<u></u>		Addr	ess ess	
	Boca Raton,	Florida 33432				
	jzakin@redgr	aveandrosenthal.c		ty/State an	d Zip Code	
•	I	E-mail address: (to	be used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matt	er, please	call:		
	Jennifer E. Z	akin, Esq.	56 at (		347-1700	
	Nam	e of Person			Daytime Telephor	ne Number
Enclosed is	s a check for t	he following amou	int:			
≣\$125.00	Filing Fee	□\$130.00 Filin Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailin	g Address			Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	E	1	-	N	a	m	e	:
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The name of the Limited Liability Company is:

Las Verdes Circle, 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:

633 Elm Tree Lane	633 Elm Tree Lane
Boca Raton, Florida 33486	Boca Raton, Florida 33486

# 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:

Jennifer E. Zakin, E	isq	
	Name	
225 N.E. Mizner Bo	oulevard, Suite 440	
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Boca Raton	FL	33432
City	State	Zip

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 JUL 21 AM 3: 20 SECRETARY OF STATE

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

<u>Title:</u> "AMBR" = Authorized N	Name and Address: Member	
"MGR" = Manager		
MGR_	Mary K. DeLucca	
111011	633 Elin Tree Lane	
	Boca Raton, FL 33486	
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(Use attachment if necess	sarv)	
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