

L21000378761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

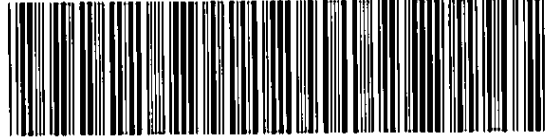
(Business Entity Name)

(Document Number)

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2021 AUG 24 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FL

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2021 AUG 24 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 08/24/2021

Acc#120160000072

en: c DW

Name:	1000 Brickell Plaza 4802 LLC
Document #:	
Order #:	13845209-1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ 155.00

Thank you!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 1000 BRICKELL PLAZA 4615 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Millinowisch
Name of Person
Quarles & Brady LLP
Firm/Company
300 N. LaSalle St., Suite 4000
Address
Chicago, IL 60654
City/State and Zip Code
Robert.Bulloch@quarles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T. Robert Bulloch 239 434-4927
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2021 AUG 24 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

1000 BRICKELL PLAZA 4615 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:

1000 Brickell Plaza

28750 Blaisdell Drive

Unit 4615

Naples, FL 34119

Miami, FL 33131 USA

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:

Tina M. Blessing

Name

28750 Blaisdell Drive

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

Naples

FL

34119

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..

Tina Blessing

dotloop verified
08/23/21 3:18 PM EDT
PAAR-FU26-25UA AAGV

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Tina M. Blessing
28750 Blaisdell Drive
Naples, FL 34119

MGR

Robert N. Blessing Jr.
28750 Blaisdell Drive
Naples, FL 34119

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 24 PM 4: 06

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Tina Blessing

dotloop verified
08/23/21 3:18 PM EDT
[NSM KFE1 ANTW 8F]

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Tina M. Blessing

Typed or printed name of signee

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)