

# L21000400403

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

SECRET  
FALLMILLASOLE, P.L.L.C.

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PPL SAMPLE ROAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**COVER LETTER**

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

**SUBJECT: PPL SAMPLE ROAD, 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:

PAULA BIRD

\_\_\_\_\_  
Name of Person

TAYLOR ENGLISH DUMA LLP

\_\_\_\_\_  
Firm/Company

1600 PARKWOOD CIRCLE SE, SUITE 200

\_\_\_\_\_  
Address

ATLANTA, GA 30339

\_\_\_\_\_  
City/State and Zip Code

PBIRD@TAYLORENGLISH.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA BIRD

678

336-7181

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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

72  
SECRET  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PPL SAMPLE ROAD, 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:**17454 ROSELLA ROAD  
BOCA RATON, FL 33496**Mailing Address:**17454 ROSELLA ROAD  
BOCA RATON, FL 33496**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:

SCOTT GARBER

Name

17454 ROSELLA ROADFlorida street address (P.O. Box **NOT** acceptable)BOCA RATON FL 33496

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..*

Scott Garber

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY (C.S.)  
TALLAHASSEE, FL

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