Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000334724 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Small	Address:	

FLORIDA LIMITED LIABILITY CO. PPL SAMPLE ROAD, LLC

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

Tallahassee, FL 32314

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	PPL SAMPLE ROAD, LLC		
SOBJEC		Limited Liability Company	
The encle	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this	s matter to the following:	
	PAULA BIRD		
		Name of Person	
	TAYLOR ENGLISH DUMA LLP		
		Firm/Company	
	1600 PARKWOOD CIRCLE SE, S	SUITE 200	3 3 2
		Address	2021 SEP
	ATLANTA, GA 30339		SEP -
	PBIRD@TAYLORENGLISH.COM	City/State and Zip Code	9 1
		sed for future annual report notification)	
For further	information concerning this matter, ple	ease call:	
	PAULA BIRD	678 336-7181	
	Name of Person	Area Code Daytime Telephone Nu	mber
Enclosed	is a check for the following amount:		
≘\$ 125.0	00 Filing Fee ☐\$130.00 Filing Fee Certificate of Status	Certified Copy (additional copy is enclosed) (□\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Divisio The Centre of Tallahassee 2415 N. Monroe Street, Su	

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
PPL SAMPLE ROAI (Must conta		Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Lit	nited Liability Company is:	
Princips	l Office Address:		Mailing Addre	<u>::::</u> :
17454 ROSELLA RO			17454 ROSELLA ROAD	
BOCA RATON, FL	33496		BOCA RATON, FL 33496	
The name and the Florida street a	ddress of the registered	agent are:		
	12161 1300 1311 1 1 1 1			
	17454 ROSELLA RO Florida street address		OT acceptable)	
	BOCA RATON	FL	33496	
	City	State	Zip	
Having been named as registered a place designated in this certificate, , further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appo visions of all statutes re igations of my position a	ointment as reg lating to the pi is registered a	istered agent and agree to act in oper and complete performance	this capacity. I of my duties, and I
		(CONTINU	ED)	8 Se 20

2021 SEP -9 AM II: 49
SECRE DAY (- 3545)
TALLAHASSEF, FA

Title:		Name and Address:
	thorized Member	
"MGR" = Man	_	
AMBR		SCOTT GARBER
		17454 ROSELLA ROAD BOCA RATON, FL 33496
		BOOK IGHTON, I'B 35470
		
(OSC attachine	nt if necessary)	
ective date is li	date, if other than the isted, the date must be	date of filing:
ective date is li of filing.) The date insert	isted, the date must be ed in this block does r	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will neet of State's records.
ective date is li of filing.) The date insert ment's effectiv	isted, the date must be ed in this block does re the date on the Departm ovisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will n
ective date is li of filing.) The date insert ment's effectiv E VI: Other pro-	isted, the date must be ed in this block does re date on the Departm ovisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will nent of State's records.
ective date is li of filing.) The date insert ment's effectiv E VI: Other pro-	isted, the date must be ed in this block does re date on the Departm ovisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will need of State's records.
ective date is li of filing.) The date insert ment's effectiv E VI: Other pro-	isted, the date must be ed in this block does re date on the Departm ovisions, if any. SIGNATURE:	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will need of State's records. Scott Garbar
ective date is li of filing.) The date insert ment's effectiv E VI: Other pro-	ed in this block does re date on the Departmovisions, if any. SIGNATURE:	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will need of State's records. Scott Jarbar a member or an authorized representative of a member.
ective date is li of filing.) the date insert ment's effectiv .E VI: Other pro	ed in this block does not be date on the Department ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will need of State's records. Scott Garbar
ective date is li of filing.) the date insert ment's effectiv .E VI: Other pro	ed in this block does not be date on the Department ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third december of the state of the	Scott Garbar a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
ective date is li of filing.) The date insert ment's effectiv E VI: Other pro-	ed in this block does not be date on the Department ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any	Scott Garber a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. RBER
ective date is li of filing.) the date insert ment's effectiv .E VI: Other pro	ed in this block does not be date on the Department ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third december of the state of the	Scott Garbar a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
ective date is line filing.) I the date insert ment's effective. E VI: Other property. REQUIRED:	sted, the date must be ed in this block does re date on the Departm ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	Scott Garber a member or an authorized representative of a member. tecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. RBER Typed or printed name of signee
ective date is ling filing.) The date insert ment's effective. E VI: Other property of the pro	sted, the date must be ed in this block does re date on the Departm ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de SCOTT GA	Scott Garber a member or an authorized representative of a member. tecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. RBER Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent
ective date is light filling.) The date insertment's effective E. VI: Other property of the pr	sted, the date must be ed in this block does re date on the Departm ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	Scott Garber a member or an authorized representative of a member. tecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. RBER Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent