L21000418060

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Glate/Zip/) Holle #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

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	w Filing Section vision of Corporations			
SHRIFCT	5 Narragansett Court, LLC	•		
SUBJECT		ame of Limited Liabil	ity Company	
The enclose	ed Articles of Organization a	nd fee(s) are submitted	for filing.	
Please retur	n all correspondence concert	ning this matter to the	following:	
	Dawn Marie Dillon			
		Name of	`Person	
		Firm/Co	empany	
	5400 N. Ocean Boulevard, 1	Jnit 54		
		Addr	ress	
	Lauderdale-By-The-Sea, FL			
		City/State an	d Zip Code	
-	E-mail address:	(to be used for future a	innual report notificat	ion)
For further is	formation concerning this m	atter, please call:		
	Elizabeth A. Pierce, Paraleg	al 401	251-4301	
•	Name of Person		Daytime Telephon	
Enclosed is	a check for the following an	iount:		
■ \$125.00	Filing Fee □\$130.00 Fi Certificate o	f Status Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address New Filing Section Description	ivician
	New Filing Section Division of Corporation	ons	The Centre of Tallaha	assee
	P.O. Box 6327 Tallahassee, FL 32314	i i	2415 N. Monroe Stre Tallahassee, Fl. 3230	

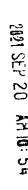
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:		
LLC		
	ility Company,	"L.L.C.," or "LLC.")
drave of the principal office	of the Limited	Liability Company is:
uress of the principal office	of the Limited	Liability Company is.
l Office Address:		Mailing Address:
vard, Unit 54	5400	N. Ocean Boulevard, Unit 54
ea, FL 33308	Lauderdale-By-The-Sea, FL 33308	
cannot serve as its own Reg		
ddress of the registered age	nt are:	
Dawn Marie Dillon		
Na	me	
5400 N. Ocean Boulevard	l, Unit 54	
Florida street address (P.	O. Box <u>NOT</u> a	cceptable)
Lauderdale-By-The-Sea	Florida	33308
	dress of the principal office I Office Address: vard, Unit 54 ea, FL 33308 nt, Registered Office, & Reannot serve as its own Regetive Florida registration.) ddress of the registered age Dawn Marie Dillon Na 5400 N. Ocean Boulevard	LLC in the words "Limited Liability Company, dress of the principal office of the Limited 1 Office Address: vard, Unit 54 ea, FL 33308 ant, Registered Office, & Registered Agent cannot serve as its own Registered Agent. ctive Florida registration.) ddress of the registered agent are:

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)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dawn Marie Dillon 5400 N. Ocean Boulevard, Unit 54
	5400 N. Ocean Boulevard, Unit 54 Lauderdale-By-The-Sea, FL 33308
<u>AMBR</u>	Robert A. Dillon
	Robert A. Dillon 5400 N. Ocean Boulevard, Unit 54 Lauderdale-By-The-Sea, FL 33308
(Use attachment if necessary)	
CLEV: Effective date, if other than the	the date of filing: (OPTIONAL)
effective date is fisicu, the date musi	t be specific and cannot be more than five business days prior to or 90 day
te of filing.) If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not be
ecument's effective date on the Depar	rtment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Filing Fees:

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.

Dawn MARIE DILLON
Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)