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.

(((H210004392093)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:			
FW311	Address:			

FLORIDA LIMITED LIABILITY CO.

134 Nautilus Drive LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 0F1DADCE-C3EE-4F87-A047-A951B7207C9A

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

134 Nautilus Drive 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:
18 E. 4th Street, Suite 902	18 E. 4th Street, State 902
Cincinnati, OH 45202	Cincinnati, OH 45202

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.

C. I Corporation Sys	item	
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
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..

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

Laura Broderick Assistant Secretary

(CONTINUED)

To: +18506176381 Page: 4 of 4 2021-12-01 15:46:59 CST

19542080845 From: Kaity To

DocuSign Envelope ID: 0F1DADCE-C3EE-4F87-A047-A951B7207C9A

MBR* = Authorized Member GR* = Manager MGR Owner Management Inc 18 E. 4th Street. Suite 902. Cincinnati. OH 45202 See attachment if necessary) W. Effective date, if other than the date of filing: (OPTIONAL) we date is listed, the date must be specific and cannot be more than five business days prior to or 90 tiling.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records WI: Other provisions, if any. 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 Tan aware that any false information submitted in a document to the Department of State	E. 4th Street, Suite 902 cinnati, OH 45202
See attachment if necessary) W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) ODDITIONAL) ODDITIONAL) ODDITIONAL) W: Effective date, if other than the date of filing: ODDITIONAL) ODDITIONAL ODDIT	E. 4th Street, Suite 902 cinnati, OH 45202
See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIO	E. 4th Street, Suite 902 cinnati, OH 45202
See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIO	E. 4th Street, Suite 902 cinnati, OH 45202
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.	einnati. OH 45202
se attachment if necessary) V: Effective date, if other than the date of filing:	2.2 OEC -
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) We date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not not seffective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: 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.	DEC.
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) We date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not not seffective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: 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.	DEC.
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) We date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not not seffective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: 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.	DEC.
se attachment if necessary) V: Effective date, if other than the date of filing:	
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.	
se attachment if necessary) V: Effective date, if other than the date of filing:	
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: Docusional Department Department of State Departmen	
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: Docusional Department Department of State Departmen	
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: Docusional Department Department of State Departmen	
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: Docusional Department Department of State Departmen	
se attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not not's effective date on the Department of State's records VI: Other provisions, if any. COURED SIGNATURE: Docusional Department Department of State Departmen	
V: Effective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the date of filing:	
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.	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	ion: Maelder
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	r an authorized representative of a member
	cordance with section 605.0203 (1) (b), Florida Statutes.
	ation submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817,155, F.S.	as provided for in \$.817,155, F.S.
In south Adoubling	
<u>Joseph Maehler</u> Typed or printed name of signee	
I VIRGI WE IN THE CHANGE OF SIMPLE	Loc printed name of ciange
e pred or printed famile or digites	l or printed name of signee