

L21000509205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

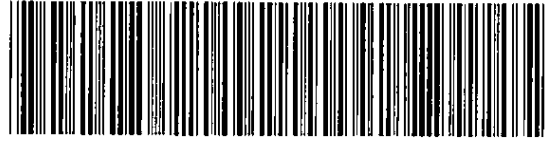
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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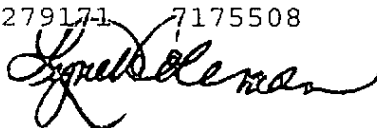
RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -3 PM 1:06

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 279171 7175508  
AUTHORIZATION :   
COST LIMIT : \$ 130.00

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ORDER DATE : December 2, 2021  
ORDER TIME : 9:17 AM  
ORDER NO. : 279171-005  
CUSTOMER NO: 7175508  
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DOMESTIC FILING

NAME: FOG LAKE WORTH, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX\_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_\_ PLAIN STAMPED COPY  
XX\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** FOG LAKE WORTH, 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:

MICHAEL J. TUCHMAN  
Name of Person

LEVENFELD PEARLSTEIN, LLC  
Firm/Company

2 N. LASALLE ST., STE. 1300  
Address

CHICAGO, ILLINOIS 60602  
City/State and Zip Code

moh@fogcapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. TUCHMAN 312 476-7550  
Name of Person at (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

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 DEC -3 PM 1:05

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOG LAKE WORTH, LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1266 W. PACES FERRY RD., #443  
ATLANTA, GA 30327

1266 W. PACES FERRY RD., #443  
ATLANTA, GA 30327

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.)

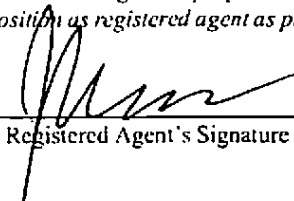
The name and the Florida street address of the registered agent are:

JOEL BENES  
Name

18610 NW 87th AVENUE, STE. 204  
Florida street address (P.O. Box **NOT** acceptable)

HIALEAH                      FL                      33015  
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..*

By   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

