21600513847

(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



600377510416

SECURIATIVOS STATE

7011 DEC -7 AM II: 52

2021 DEC -7 AM 9: 08

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/6/21

NAME: 23184 BOCA CLUB, LLC

TYPE OF FILING: ARTICLES

COST:

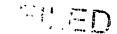
125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



AR	TI.	\boldsymbol{C}	ı F	١.	No.	me.
1315		•				

The name of the Limited Liability Company is:

2721 DEC -7 AM 11: 52

FECRETARY OF STATE

23184 Boca Club, LLC

(Must conatin 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 C	Office Address:		Mailing Address:		
2601 NE 48 Street			2601 NE 48 Street		
Lighthouse Point, FL 33064			Lighthouse Point, FL 33064		
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street addi	mot serve as its own Reg re Florida registration.) ress of the registered age	istered A	gent. You must designate an individual or		
_	Na	ime			
	2601 NE 48 Street				
Ī	Florida street address (P.	O. Box <u>N</u>	OT acceptable)		
_	Lighthouse Point,	FL	33064		
_	City	State	Zin		

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..

michael e tobias

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager MGR	Michael C. Tobias
	2601 NE 48 Street Lighthouse Point, FL 33064
	20 PM
	OF ST
	STATE
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	it of State's records.
REQUIRED SIGNATURE:	michael e tobias
Signature of a n	nember or an authorized representative of a member.
This document is exec I am aware that any fal	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
	Michael C. Tobias Typed or printed name of signee
\$125.00 Filing Fee for Articles of O	Filing Fees: rganization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company: