

11/24/21, 2:57 PM

C21000518493

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : GASDICK, STANTON, EARLY, P.A.  
Account Number : 87535000152  
Phone : (407)423-5203  
Fax Number : (407)425-4105

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

Email Address: mgaff@graffholdings.com

FLORIDA LIMITED LIABILITY CO.  
~~27&50, LLC~~ 27&50 Dev, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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*Handwritten signature*



November 29, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GASDICK, STANTON, EARLY, P.A.

SUBJECT: 27&50, LLC  
REF: W21000151957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000116397.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000433179  
Regulatory Specialist II Supervisor Letter Number: 921A00028589  
New Filing Section

**COVER LETTER**

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

**SUBJECT:** ~~27&50, LLC~~ 27&50 Dev, 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:

Mark J. Graff

Name of Person

27&50, LLC

Firm/Company

1200 Oakley Seaver Drive, Suite 203

Address

Clermont, FL 34711

City/State and Zip Code

mgraft@graftholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Graff at (352) 242-2888  
Name of Person 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~XXXXXX LLC~~ 27&50 Dev, 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:

1200 Oakley Seaver Drive, Suite 203  
Clermont, FL 34711

1200 Oakley Seaver Drive, Suite 203  
Clermont, FL 34711

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.)

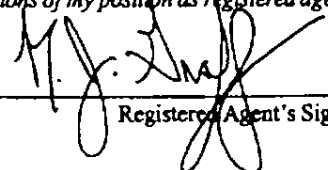
The name and the Florida street address of the registered agent are:

Mark J. Graff  
Name

1200 Oakley Seaver Drive, Suite 203  
Florida street address (P.O. Box NOT acceptable)

|          |       |       |
|----------|-------|-------|
| Clermont | FL    | 34711 |
| 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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Manager

Mark J. Graff 1200 Oakley Seaver Drive, Suite 203  
1200 Oakley Seaver Drive, Suite 203  
Clermont, FL 34711

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

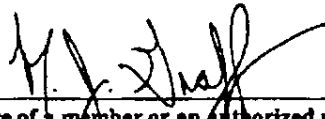
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.  
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.

Mark J. Graff

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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