

L21000532192

(Requestor's Name)

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☐

PICK-UP

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MAIL

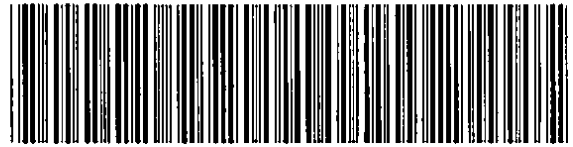
(Business Entity Name)

(Document Number)

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2021 DEC 27 AM 8:35

ALLAHABAD, U.P.

FILED

2021 DEC 27 PM 1:50

ALLAHABAD, U.P.

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$160.00

Authorized Signature: \_\_\_\_\_

*James R. Fuller*

NORDICA Bay P, LLC

Business Name

Document Number

☒ Certified copy

\_\_\_\_\_ Pick up time \_\_\_\_\_

☒ Certificate of Status

\_\_\_\_\_ Will wait

NEW FILINGS

\_\_\_\_\_ Profit

\_\_\_\_\_ Not for Profit

☒ Limited Liability

\_\_\_\_\_ Domestication

\_\_\_\_\_ Other

\_\_\_\_\_ CORP

AMMENDMENTS

\_\_\_\_\_ Amendment

\_\_\_\_\_ Resignation of R.A.

Officer/Director

\_\_\_\_\_ Change of Registered Agent

\_\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_\_ Merger

\_\_\_\_\_ Correction

OTHER FILINGS

\_\_\_\_\_ Annual Report

\_\_\_\_\_ Fictitious Name

\_\_\_\_\_ APOSTIL ()

\_\_\_\_\_ Country

REGISTRATION/QUALIFICATIONS

\_\_\_\_\_ Foreign filing

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Reinstatement

\_\_\_\_\_ Other

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

## COVER LETTER

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

**SUBJECT:** NORDICA BAY P, 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:

DIANA L. FITZGERALD, ESQ.

Name of Person

FITZGERALD & ISAACSON, LLP

Firm/Company

901 PONCE DE LEON BOULEVARD, SUITE 202

Address

MIAMI, FL 33134

City/State and Zip Code

DIANA@FII.LAWYERS.COM

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

For further information concerning this matter, please call:

VICTORIA DE ARMAS      305      372-7300  
at (      )  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORDICA BAY P. 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:

150 E. PALMETTO PARK ROAD

SUITE 800

BOCA RATON, FL 33432

Mailing Address:

150 E. PALMETTO PARK ROAD

SUITE 800

BOCA RATON, FL 33432

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:

FITZGERALD & ISAACSON, LLP

Name

901 PONCE DE LEON BOULEVARD, SUITE 202

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33134

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..*

Diana Fitzgerald

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 DEC 27 PM 1:50  
HALL HALL ASSEE, FL

**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:**

MGR

CHARLES E. LEE

150 E. PALMETTO PARK ROAD, SUITE 800

BOCA RATON, FL 33432

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(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:**

*Charles Lee*

\_\_\_\_\_  
**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.

CHARLES E. LEE

\_\_\_\_\_  
Typed or printed name of signee

**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)