

L21000532200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

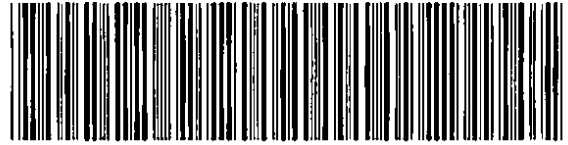
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 27 PM 1:50

TALLAHASSEE, FL

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2021 DEC 27 AM 8:35

TALLAHASSEE, FL

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

PLEASE USE FUNDS FROM ACCT : I20210000160 , AMOUNT: \$160.00

Authorized Signature:

James R. Fullen

NORDICA Bay I, 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 I, 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@FILAWYERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA DE ARMAS at (305) 372-7300
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 I, L.L.C

(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:

150 E. PALMETTO PARK ROAD
SUITE 800
BOCA RATON, FL. 33432

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

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TALLAHASSEE, FL

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)

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

(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)