

L22000005485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

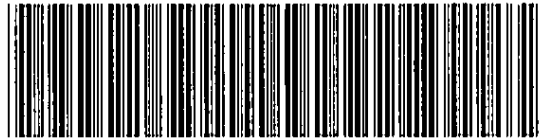
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Signature]
1/7/22

2021 DEC 28 PM 10:25
S. J. J.
J. J. J.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Daytona Shores Atlantic LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Devereux

Name of Person

Devereux Law PLLC

Firm/Company

1 Hugrove Grade, Suite 2

Address

Palm Coast, FL, 32137

City/State and Zip Code

devereuxlawpllc@gmail.com

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

For further information concerning this matter, please call:

Tim Devere

386

864-5307

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

2021 DEC 28 PM 10:11
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daytona Shores Atlantic 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:

3824 South Atlantic Avenue

Daytona Beach, Florida

32118

1 Hargrove Grade

Suite 2

Palm Coast, FL, 32137

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:

Tim Devereux

Name

1 Hargrove Grade, Suite 2

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

Palm Coast

FL

32137

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.,

DocuSigned by:

Tim Devereux

CC3C8F384388406

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 DEC 28 PM 10:24
TALLAHASSEE
FLORIDA

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" Authorized Member	
"MGR" Manager	
<u>AMBR</u>	<u>Michael Manning</u>
	<u>111 Eagle Rock Avenue</u>
	<u>Roseland, NJ, 07068</u>
<u>AMBR</u>	<u>Myrna Perez</u>
	<u>111 Eagle Rock Avenue</u>
	<u>Roseland, NJ, 07068</u>
<u></u>	<u></u>
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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:

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.
DocuSigned by:
Michael Manning
E6B8E7AAAE224A5 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)

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RECEIVED
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE