120000 14133

(F	Requestor's Name)	
	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
([Occument Number)	
Certified Copies	Certificates of	Status
	Datinidated of	
Special Instructions to F	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TAIL AHASSEE, FL

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 374700 5156901
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE : January 12, 2022
ORDER TIME : 2:46 PM
ORDER NO. : 374700-005
CUSTOMER NO: 5156901
DOMESTIC FILING
NAME: BIRKDALE ACQ LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 12 PH 4: 18

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

(Must conat	in the words "Limited	Liability Company	y, "L.L.C" or "LLC.")	
FICLE II - Address: mailing address and street ad	dress of the principal o	ffice of the Limite	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
607 S Beach Road		60	607 S Beach Road	
Jupiter, Florida 33469		Juj	Jupiter, Florida 33469	
her business entity with an ac		-	t. You must designate an individual or	
her business entity with an ac	ctive Florida registration	on.) I agent are:	i. Fou must designate an morvidual of	
·	ctive Florida registratio	on.) I agent are: Company		
·	ctive Florida registration	on.) I agent are:		
·	ctive Florida registration	on.) I agent are: Company		
·	ctive Florida registration ddress of the registered Corporation Service	on.) I agent are: Company Name		
·	ctive Florida registration ddress of the registered Corporation Service 1201 Hays Street	on.) I agent are: Company Name		
·	ddress of the registratic Corporation Service 1201 Hays Street Florida street addres	on.) I agent are: Company Name s (P.O. Box <u>NOT</u>	acceptable)	

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.

Corporation Service Company

By Weiked assistent va present

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Author "MGR" = Manage	
ū	
<u>MGR</u>	JAS Family Investments LLC 607 S Beach Road
	Jupiter, Florida 33469
	SECRETAR SECRETAR
	AA T
	<u> </u>
	ASSEE, FU
	E. ST. F.
	<u></u>
	
an effective date is listed date of filing.) ote: If the date inserted in	the date must be specific and cannot be more than five business days prior to or 90 days after this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
REOUIRED SIG	MWMDMJ MTUN
	Signature of a member or an authorized representative of a member.
Th	s document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. In aware that any false information submitted in a document to the Department of State
	stitutes a third degree felony as provided for in s.817.155, F.S.
	Christopher Pucillo
	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)
- S 5.00 Certificate of Status (Optional)