

1/27/2022

Division of Corporations

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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 : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102

Fax Number : (800)944-6607

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

1038 11TH ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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S. CHATHAM

JAN 28 2022

**FILED****COVER LETTER****22 JAN 27 PM 12:27****TO: New Filing Section  
Division of Corporations****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****SUBJECT: 1038 11th St. 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:

Chad M. Poznansky

Name of Person

Clark Hill PLC

Firm/Company

130 E. Randolph Street, Suite 3900

Address

Chicago, IL 60601

City/State and Zip Code

cpoznansky@clarkhill.com

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

For further information concerning this matter, please call:

Daniel M. Borek

312

360-2128

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

FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

22 JAN 27 PM 12:27

1038 11TH ST LLCSECRETARY OF STATE  
TALLAHASSEE, FL 32304

(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:1628 N. Wells, Unit 1Chicago, IL 606141111 SW 1st Ave.Unit 2625Miami, FL 33130

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Robert Sekula

Name

1111 SW 1st Ave., Unit 2625Florida street address (P.O. Box **NOT** acceptable)MiamiFL33130

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.*

Robert Sekula

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

North Park Ventures Florida LLC

1628 N. Wells, Unit 1

Chicago, IL 60614

(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.The limited liability company shall be manager-managed.**REQUIRED SIGNATURE:***Robert Sekula***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.

Robert Sekula

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)

22 JAN 27 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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