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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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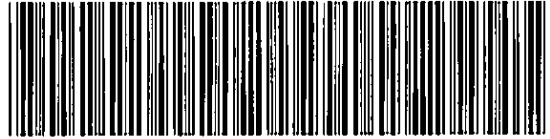
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL  
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

30 Halfway Road LLC

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ ☒ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
FOR  
30 HALFWAY ROAD, LLC  
(A Florida limited Liability company)**

**ARTICLE I – NAME**

The name of this limited liability company shall be: **30 HALFWAY ROAD, LLC.**

**ARTICLE II - DURATION**

The period of duration for the limited liability company shall commence on the date on which these Articles of Organization are filed with the Department of State of the State of Florida, and shall be perpetual.

**ARTICLE III - PURPOSE**

The limited liability company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Act.

**ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS**

The mailing address of the principal office of this limited liability company shall be P.O. Box 480819, Fort Lauderdale, Florida 33348.

The street address of the principal office of this limited liability company shall be 5 Fort Royal Isle, Fort Lauderdale, Florida 33308.

**ARTICLE V - MANAGEMENT**

The management of this limited liability company is reserved to the manager. The name and address of the manager, the person authorized to manage this limited liability company is:

Arturo Marrero, MGR  
5 Fort Royal Isle, Fort Lauderdale, Florida 33308

## ARTICLE VI - REGISTERED AGENT

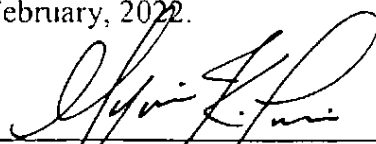
The Registered Agent for service of process on this limited liability company shall be Carlos D. Lerman, Esquire, Lerman & Whitebook, P.A., 2611 Hollywood Boulevard, Hollywood, Florida 33020.

## ARTICLE VII - EFFECTIVE DATE

The effective date for this limited liability company shall be the date on which these Articles of Organization are filed with the Department of State of the State of Florida, under s. 605.0207, F.S.

I am the member or authorized representative of the member submitting these Articles of Organization and affirm that the fact stated herein are true. I am aware that false information submitted in a documents to the Department of State constitute a third degree felony as provided for in s. 817.15, F.S. I understand the requirement to file an annual report between January 1 and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

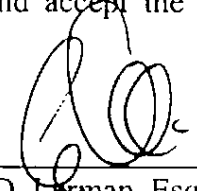
The undersigned hereby affirms that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and have executed this instrument as of this 3<sup>rd</sup> day of February, 2022.

  
\_\_\_\_\_  
Myriam K. Louis, Authorized Representative of  
the Manager

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## ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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.

By:   
\_\_\_\_\_  
Carlos D. Lerman, Esquire  
Registered Agent