# L2200053220

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 469193 4319660
AUTHORIZATION :
COST LIMIT: \$/1/30.00
OPPER DAME.
ORDER DATE : February 10, 2022
ORDER TIME : 2:03 PM
ORDER NO. : 469193-005
CUSTOMER NO: 4319660
DOMESTIC FILING
NAME: 7943 TALAVERA, 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 XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

### COVER LETTER

	ew Filing Sectivision of Co				
SHRIFET	7943 Tala	vera, LLC			
SOBJECT		Na	me of Limited Li	iability Company	<del></del>
The enclose	ed Articles of	Organization and	l fee(s) are subm	itted for filing.	
Please retu	rn all corresp	ondence concerni	ng this matter to	the following:	
	Gregg Wall	ace			
			Nam	ne of Person	
			Firn	n/Company	
	AMA Finan	icial, LLC			·
			,	Address	
	707 Montgo	omery Avenue, 2n	d Floor		
	Narberth, PA	19072	City/Stat	e and Zip Code	
<u>-</u> '			o be used for futi	ure annual report notifica	tion)
For further in	nformation co	oncerning this mat	ter, please call:		
	Gregg Walla	ece	610 at (	7840400	
•	Nan	ne of Person		le Daytime Telephor	ne Number
Enclosed is	a check for t	he following amo	unt:		
□\$125.00	Filing Fee	■\$130.00 Filin Certificate of \$	Status Ce	\$155.00 Filing Fee & crtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporation	c	New Filing Section E The Centre of Tallah	
		on of Corporation Box 6327	5	2415 N. Monroe Str	
		assee, FL 32314		Tallahassee, FL 323	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability	Company is:			2022 FEB 10	AM IO:
7943 Talavera, LLC				SECRETARY MALLAHAS	OF STA
(Must contain	n the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	MLLAHAS	SSEE. FI
ARTICLE II - Address: The mailing address and street add				<b>.</b> .	
<u>Principal</u>	Office Address:		Mailing Add	lress:	
	me 2nd Floor		ntgomery Avenue, 2	nd Floor	
707 Montgomery Aver Narberth, PA 19072  ARTICLE III - Registered Agen	t, Registered Office,	& Registered Agent's			
Narberth, PA 19072	t, Registered Office, annot serve as its own tive Florida registration	& Registered Agent's Registered Agent. You m.)	Signature:	ndividual or	
ARTICLE III - Registered Agen (The Limited Liability Company ca another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration	& Registered Agent's Registered Agent. You on.) Lagent are:	Signature:	ndividual or	
ARTICLE III - Registered Agen (The Limited Liability Company ca another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration dress of the registered	& Registered Agent's Registered Agent. You on.) Lagent are:	Signature:	ndividual or	
ARTICLE III - Registered Agen (The Limited Liability Company ca another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration dress of the registered	& Registered Agent's Registered Agent. You on.) Lagent are: Company	Signature:	ndividual or	
ARTICLE III - Registered Agen (The Limited Liability Company ca another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration dress of the registered Corporation Service	& Registered Agent's Registered Agent. You on.) Lagent are: Company	Signature: I must designate an in	ndividual or	
ARTICLE III - Registered Agen (The Limited Liability Company ca another business entity with an act	t, Registered Office, annot serve as its own tive Florida registration dress of the registered Corporation Service	& Registered Agent's Registered Agent. You on.) I agent are: Company Name	Signature: I must designate an in	ndividual or	

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..

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Gregg J. Wallace 707 Montgomery Avenue, 2nd Floor Narberth. PA 19072	<u> </u>
_AMBR	Debra N. Wallace 707 Montgomery Avenue, 2nd Floor Narberth, PA 19072	2022 FEB 10
	υ. στ. π.	<u> </u>
n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does no	ate of filing:	
FICLE V: Effective date, if other than the date is listed, the date must be late of filing.)	specific and cannot be more than five business days prior to o t meet the applicable statutory filing requirements, this date wil	
CICLE V: Effective date, if other than the date of filing.)  e: If the date inserted in this block does not document's effective date on the Department.	t meet the applicable statutory filing requirements, this date wil not of State's records.  DocuSigned by:	
FICLE V: Effective date, if other than the date in effective date is listed, the date must be late of filing.)  e: If the date inserted in this block does not document's effective date on the Departme  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a in This document is executed any factories.	specific and cannot be more than five business days prior to on the meet the applicable statutory filing requirements, this date wiln to f State's records.	I not be lis

# 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)