

L22000059960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

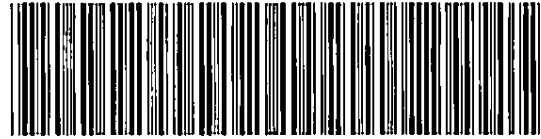
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500380236155

FILED
SECRETARY OF STATE
2022 FEB 11 PM 2:30

RECEIVED
2022 FEB 11 PM 3:35
ALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/11/2022

****WALK IN****

ENTITY NAME CORWIN 702 LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

S. R. J. / J. J.

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2022

SUNSHINE STATE

SUBJECT: CORWIN 702 LLC
Ref. Number: W22000016751

CORRECTED
Please Allow For
Same File Date

We have received your document for CORWIN 702 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Principal and Mailing address is it Palm Gardens or Palm Beach Gardens?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00003529

RECEIVED
2022 FEB 15 PM 1:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CORWIN 702 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:

THOMAS G. SHERMAN

Name of Person

THOMAS G. SHERMAN, P.A.

Firm/Company

90 ALMERIA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

mel@jameckdevelopment.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

305

448-5898 Ext. 204

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 FEB 11 PM 2:30

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORWIN 702 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:

13780 Lehavre Drive, Palm Gardens, FL 33410
13780 Lehavre Drive, Palm Beach Gardens, FL 33410
Palm Beach Gardens, FL 33410

Mailing Address:

13780 Lehavre Drive, Palm Gardens, FL 33410
13780 Lehavre Drive, Palm Beach Gardens, FL 33410
Palm Beach Gardens, FL 33410

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:

Melvin Schlessor

Name

1306 Collins Avenue 1300 Collins Avenue

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

Miami Beach

Miami Beach

FL FL

33139

City

State

Zip

Having been named as registered agent and in 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.

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

Morton Corwin

13780 Lehavre Drive

Palm Beach Gardens, FL 33410

2022 FEB 11 PM 2:30

FILED
SECRETARY OF STATE
DEPARTMENT OF REVENUE

(Use attachment if necessary)

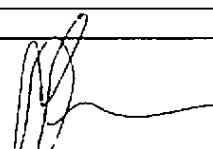
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Morton Corwin

Thomas G. Sheehan, Attorney
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)