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(Requestor's Name)

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(City/State/Zip/Phone #)

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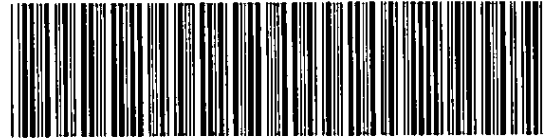
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

FEB 22 2022

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JOEL M. COMERFORD, P.A.

ATTORNEY AT LAW
SANCTUARY CENTRE
BLDG D • SUITE 306
4800 NORTH FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33431

JOEL M. COMERFORD

January 25, 2022

Via U.S. Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TELEPHONE (561) 368-0500

FACSIMILE (561) 620-2565

E-MAIL: joel@comerfordlaw.net

Re: GLEN PAVLICK, LLC

Dear Sir or Madam:

On behalf of my client, please find enclosed the following:

1. **Cover Letter**
2. **Articles of Organization**
3. **Check # 3502 in the amount of \$125.00 for filing**

If you should have any questions please do not hesitate to contact me.

Sincerely,



Joel M. Comerford

enclosures

cc: Glen Pavlick

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLEN PAULICK, 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:

Mailing Address:

740 Camino Lakes Circle
Box A Raton, FL 33486

740 Camino Lakes Circle
Box A Raton, FL 33486

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:

JOEL M. COMERFORD, Esq.
Name

4800 N. Federal Hwy., STE. D306
Florida street address (P.O. Box **NOT** acceptable)

Box A Raton FL 33481
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..

Joel M. Comerford

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

GLEN PAULICK
740 Camino Lakes Cir.
BOCA RATON, FL 33486

(Use attachment if necessary)

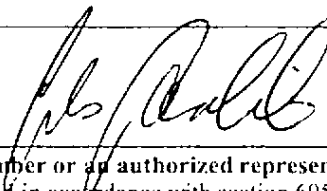
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

GLEN PAULICK

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)

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