

Division of Corporations

Page 1 of 2

**L220000075794****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 : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*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.****Auburndale Advisors, LLC ✓**

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

2022 FEB 22 AM 8:19

2022 FEB 22 PM 2:23

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**ARTICLES OF ORGANIZATION  
FOR  
AUBURNDALE ADVISORS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Auburndale Advisors, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

6799 Collins Avenue #1205  
Miami, FL 33141

**Mailing Address:**

6799 Collins Avenue #1205  
Miami, FL 33141

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Thomas Fitzgerald  
6799 Collins Avenue #1205  
Miami, FL 33141

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.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - The name and address of each person authorized to manage and control the limited liability company:****Title:**

Authorized Person

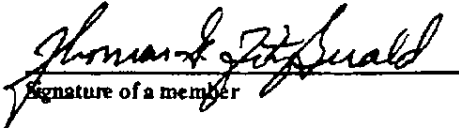
**Name and Address:**

Thomas Fitzgerald  
6799 Collins Avenue #1205  
Miami, FL 33141

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## REQUIRED SIGNATURE:

  
Signature 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.

Thomas Fitzgerald

Typed or printed name of signee

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