

L22000088085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

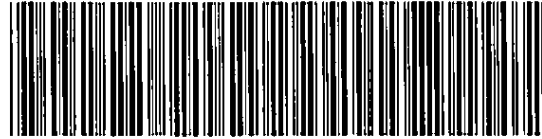
(Business Entity Name)

(Document Number)

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2022 MAR -2 AM 11:54
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

1021 Lewis Cove, 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 _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

2002 12-2 AM 11:54

ED

STATE OF FLORIDA
NOTARY PUBLIC

ARTICLE I - Name:

The name of the Limited Liability Company is

1021 LEWIS COVE, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3010 Windy Bush Road
New Hope, PA 18938

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature

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

Timothy K. Anderson, Esq.
480 Maplewood Drive, Suite 5
Jupiter, FL 33458

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 608, F.S.


Timothy K. Anderson, Esq., Registered Agent

ARTICLE IV - Management:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

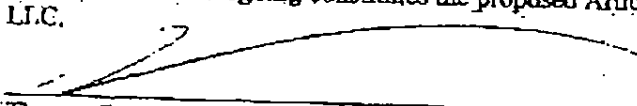
"AMBR" - Thomas Barone, 3010 Windy Bush Road, New Hope, PA 18938

ARTICLE V - Purpose and Powers

The general nature of the business or businesses to be transacted and which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida, and the powers of the limited liability company, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes.

THE UNDERSIGNED, being the original member of the limited liability corporation, hereby certifies that the foregoing constitutes the proposed Articles of Organization of 1021 Lewis Cove, LLC.


Thomas Barone - Authorized 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.)

2007-03-02 AM 11:54
DEPT OF STATE
TALLAHASSEE, FL
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