

# L22000098158

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

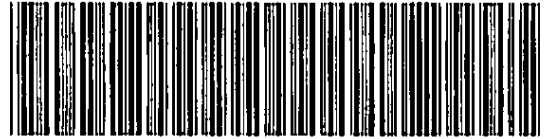
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/22/22--01042--029 \*\*125.00

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2022 FEB 22 PM 10:00

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Code Road 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:

Jim Martin

\_\_\_\_\_  
Name of Person

Stoll Keenon Ogden, PLLC

\_\_\_\_\_  
Firm/Company

500 W Jefferson St. Suite 2000

\_\_\_\_\_  
Address

Louisville, Kentucky 40202

\_\_\_\_\_  
City/State and Zip Code

jim.martin@skofirm.com

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

For further information concerning this matter, please call:

Jim Martin

502

5604260

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

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2022 FEB 22 PM 10:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Code Road 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:

103 Anchor Drive

Key Largo, Florida 33037

103 Anchor Drive

Key Largo, Florida 33037

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:

Joey Rivera

Name

103 Anchor Drive

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

Key Largo

Florida


33037

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 FEB 22 PM 10:06  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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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

MGR

**Name and Address:**

Joey Rivera  
103 Anchor Drive  
Key Largo, Florida 33037

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2022 FEB 22 PM 10:00

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NA (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.

Joey Rivera

\_\_\_\_\_  
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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2022 FEB 22 PM 10:00

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By signing below and on the attached Form SS-4, Joey Rivera, as responsible party for Code Road LLC (the "Company"), hereby authorizes Jim Martin of Stoll Keenon Ogden PLLC to serve as the Company's Third Party Designee to apply for and receive an Employer Identification Number ("EIN") on the Company's behalf, and to answer questions or otherwise give information to the IRS about the Company for the purpose of completing the EIN application. I understand and acknowledge that the EIN assigned to the Company will be disclosed to the Third Party Designee at the time of assignment, and that I will receive a computer-generated notice that the EIN was assigned.

  
\_\_\_\_\_  
Joey Rivera, Manager

Please circle the correct answer to the following questions:

Does the business own a highway motor vehicle with taxable gross weight over 55,000 lbs.?

YES      NO

Does the business involve gambling/wagering?

YES      NO

Will the business need to file Form 720 excise tax return?

YES      NO

Does the business sell/manufacture alcohol, tobacco or firearms?

YES      NO

Will the business have any "W-2 employees" in the next 12 months?

YES      NO

FILED  
2022 FEB 22 PM 10:00  
U.S. DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20548

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WASHINGTON, D.C. 20548