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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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RECEIVED

CAPITAL CONNECTION, INC.

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

CENTURY BREEZE PROPERTY	LLC
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	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
	Рһого Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
6:	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date	Time UCC 11 Retrieval
Walk-In Will Pick Up	

COVER LETTER

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TO:

New Filing Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Century Breeze Property 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:
Jeffrey M. Fland GAn, Esq.
The Flanagan Law Film, PA Firm/Company
3399 Ponce De LEON BIVD, Suite 202 Address
Coral Gables, FL 33134 City/State and Zip Code
JMJ @ FL FPA. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Flanzo an (365) 444 1500 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2022

CAPITAL CONNECTION

SUBJECT: CENTURY BREEZE PROPERTY LLC

Ref. Number: W22000033704

2022 HAR 16 PH 2: 51

We have received your document for CENTURY BREEZE PROPERTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 222A00006135

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ED

ARTICLE I - Name	A	RT	'ICI	LE	I -	N۵	me	•
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The name of the Limited Liability Company is:

2022111R 16 AM 8: 52

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") AHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
11767 S Dixie Hwu_	13245 SW 74 Avenue
#172	Pinecrept FL 33156
Pinecrest FL 33156	

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:

Jeffrey M. Flanzgan, F. sq.

Name

3399 Ponce de Leon Blvd Ste 202

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

Coral Gables FL 33134

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Wendy SAJOUS 13295 SW 74 Avenue, Pineurod FL 33156
	7022 K-R
	SY OF STATE TASSEL.FL
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed at of State's records.
REQUIRED SIGNATURE:	Oeft.
This document is execu- l am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Jeffr	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)