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Florida Department of State
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DEPARTMENT OF CORPORATIONS
DIVISION OF COMMERCIAL SERVICES

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.
2041 NE COLLINS CIRCLE LLC

Certificate of Status	0
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Page Count	02
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D. O'KEEFE

MAR 23 2022

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2041 NE COLLINS CIRCLE 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:

2041 NE COLLINS CIRCLE
5-50
JENSEN BEACH, FL 34957

Mailing Address:

2041 NE COLLINS CIRCLE
5-50
JENSEN BEACH, FL 34957

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:

INCORPORATING SERVICES, LTD.
Name

1450 GLENWAY DRIVE
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32301
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.

S/ MELISSA A. MORENO
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

FRANCESCO CAGGIA, Jr.
677 CRAIG AVENUE
STATEN ISLAND, NY 10307

MGR

CATHERINE M. CAGGIA
677 CRAIG AVENUE
STATEN ISLAND, NY 10307

(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:

Francesco Caggia Jr.
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.

FRANCESCO CAGGIA, JR.
Typed or printed name of signer

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