

3/22, 11:09 AM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H22000114686 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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.
POMONA GROVE LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

2022 MAR 29 PM 12:19

DIVISION OF CORPORATIONS
DIVISION OF COMMERCIAL
DIVISION OF SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 29 AM 9:00

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Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000114886 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POMONA GROVE 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:26050 SW 209TH AVE
HOMESTEAD, FL 3303126050 SW 209TH AVE
HOMESTEAD, FL 33031

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:

KAREN LUDWIG-O'LEARY

Name

412 ELIZABETH STFlorida street address (P.O. Box **NOT** acceptable)KEY WESTFL33040

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.

Karen Ludwig-O'Leary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAR 29 AM 9:00
 CLERK OF SUPERIOR COURT
 ALACHUA COUNTY, FLORIDA
 TALLAHASSEE, FL

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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

Name and Address:AMBRKAREN LUDWIG-O'LEARY412 ELIZABETH STKEY WEST, FL 33040

(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:**Karen Ludwig-O'Leary

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.

Karen Ludwig-O'Leary

Typed or printed name of signee

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 2022 MAR 29 AM 9:00
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA