C22-000138800

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(5)	
(Document Number)	
Certified Copies Certificates of Status _	
-	
Special Instructions to Filing Officer:	





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2022 FEB II AH ID: II

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February 28, 2022

JOHN S. JONES 2124 MANATEE DRIVE FORT LAUDERDALE, FL 33316

SUBJECT: 1844 SW 3RD AVE CO. LLC

Ref. Number: W22000025564

We have received your document for 1844 SW 3RD AVE CO. LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

While examining your recently submitted, amendment, it was noted above named.

While examining your recently submitted amendment, it was noted above named business entity was filed with an unacceptable suffix.

The purpose of this letter is to advise of this error and to let you know the document was accepted in error.

We are asking for clarification as to whether you want to be a corporation or were you trying to form a limited liability company.

If a corporation is the desired end result, please enter the name of the entity with an acceptable corporate indicator, such as inc., incorporated, corp., corporation etc. on the line for amending the name on the form.

If a limited liability company is the desired end result, please contact our office for assistance.

We apologize for any inconvenience this may cause but our ultimate goal to have accurate records.

If you have any questions, please feel free to contact us.

Hyacinth LeBlanc Division of Coporations 850-245-6052

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.

Hyacinth LeBlanc Regulatory Specialist II

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Letter Number: 922A00004831

Letter number: 922A00004831

Hyacinth LeBlanc ANNUAL REPORTS SECTION

New Filing Section

2022 FEB | I AM ID: | I

www.sunbiz.org

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 1844 Sw 31d Ave 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:	
Rachel Steele Name of Person	
Name of Person	
Firm/Company	
2124 Manurer Drive	
Fort landedale, FI 33316 Es II	
(achel msteele (" notman. (om = ==	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Rachustell at (954) 609 7472 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Stat	
Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab		id Aue	110		
<u> </u>	ntain the words "	Limited Liability (Company, "L.L.C	" or "LLC.")	
ARTICLE II - Address:					
The mailing address and stree	address of the pr	incipal office of th	e Limited Liabili	ity Company is:	
Princ	ipal Office Addr	<u>'ess</u> :		Mailing Addre	<u>ess</u> :
2124 ma	nate de	iv C	2124	t manatel	dave
fort lan	nater de	FI	fant.	manaree landeda	U, +1·
	35316			33316	
The name and the Florida stre	_				
	Kai	thel Street	216		
		.Name			
	2124	t manat	e driv	<u>e </u>	
	Florida strec	et address (P.O. Bo	x <u>NOT</u> acceptal	ole)	
	tont la	iy Stat	F1 33.	316	
	Ci	ty Stat	e	Zip	
laving been named as registere lace designated in this certifica urther agree to comply with the m familiar with and accept the	te, I hereby accep provisions of all s obligations of my	t the appointment a statutes relating to t position as register	s registered agen he proper and co ted agent as prov	nt and agree to act is Implete performance	n this capacity. I e of my duties, and I
		achel Sr	eile		
		Registered Agen	t's Signature (RI	EQUIRED)	Ā,,, ∼
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		(CONT	INUED)		2022 FEB SEGRETARY ALLAHASSEE
					AM IO: 11 OF STATE OF LORIDA
					<u>7</u>
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	(Use attachment if necessary) EV: Effective date, if other than the date of filing: (Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) (O	Title:	Name and	Address:
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