No. 1539 P. 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H220001242363)))



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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : RABIDEAU KLEIN

Account Number : I20200000035

Phone

: (561)655-6221 : (561)655-3221

Fax Number : (5

for this business ontitue to be used for Comme

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

imail Address: GRABIL

KLEIN.

2 APR -6 AM 8: 22

TO SEPORATION

SOFT SOMMERCIAL

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## FLORIDA LIMITED LIABILITY CO. 3578 Land, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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Corporate Filing Menu

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April 5, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RABIDEAU KLEIN

SUBJECT: 3578 LAND, LLC

REF: W22000045143

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Tammi Cline FAX Aud. #: H22000124236

Regulatory Specialist 1I Supervisor Letter Number: 522A00007936

## **COVER LETTER**

	New Filing Sec Division of Cor				
SUBJEC	3578 LAN	D, LLC			
SODJEC	·•·	Name	of Limited Li	ability Company	
The encl	osed Articles of	Organization and fe	e(s) are subm	itted for filing.	
Please re	etum all correspo	ondence concerning	this matter to	the following:	
	GUY RABI	DEAU			
		· · · · · · · · · · · · · · · · · · ·	Nam	e of Person	
	RABIDEAU	J KLEIN			
		<del></del>	Fire	n/Company	-
	440 ROYAI	PALM WAY, SU	TE 101		
		·	1	Address	
	PALM BEA	CH, FL 33480			
	GRABIDEA	U@RABIDEAUKL	-	te and Zip Code	
			·	ure annual report notificat	cion)
For furthe	τ information co	ncerning this matter	, please call:		
	GARRETT 1	ELLIS	561 at (	655-6221	
	Nam	ne of Person	Area Co	de Daytime Telephor	ne Number
Enclose	d is a check for t	he following amoun	t:		•
	00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & 🗔	1\$155.00 Filing Fee & entified Copy itional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. E	30x 6327		2415 N. Monroe Stre	cet, Suite 810
	Tallah	assee, FL 32314		Tallahassee, FL 3230	03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited
3578 LAND, (Mu
ARTICLE II - Address:

Liability Company is:

LLC

est conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

Mailing Address:

3578 SW TRAILSIDE PATH STUART, FL 34997

3578 SW TRAILSIDE PATH

STUART, FL 34997

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:

**GUY RABIDEAU** 

Name

440 ROYAL PALM WAY, SUITE 101

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

PALM BEACH

**FLORIDA** 

33480

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
_	ANABELL A TOM
MGR	ANABELLA JOY 3578 SW TRAILSIDE PATH
	STUART, FL 34997
<del></del> -	
<del></del>	
V: Effective date, if other than t	he date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.