

L22000174239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

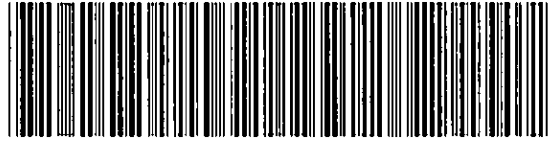
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

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2022 APR 27 AM 8:34

OFFICE OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

CONCIERGE XPERIENCE HOLDING LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ 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 _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2022

CAPITAL CONNECTION

SUBJECT: CONCIERGE XPERIENCE HOLDING LLC
Ref. Number: W22000054258

RECEIVED
2022 APR 27 PM 2:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CONCIERGE XPERIENCE HOLDING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 722A00009612

**ARTICLES OF ORGANIZATION
FOR
CONCIERGE XPERIENCE HOLDING LLC
a Florida Limited Liability Company**

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The Name of the Limited Liability Company is:
CONCIERGE XPERIENCE HOLDING LLC

ARTICLE II- ADDRESS:

The Address of its Principal Place of Business, as well as the Mailing Address for this Limited Liability Company is/are:

Principal Place of Business Address:

**ATTN: MARK ROSENFELD
4000 PONCE DE LEON BLVD, STE 470
CORAL GABLES, FL 33146**

Mailing Address:

**ATTN: MARK ROSENFELD
1340 N GREAT NECK RD, #1272-352
VIRGINIA BEACH, VA 23454**

FILED
2022 APR 27 AM 8:34
CLERK OF DISTRICT COURT
MIAMI-DADE COUNTY, FL

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The Name and the Florida Address of the Registered Agent are:

**MARK ROSENFELD
C/O VAILLANTE PROPERTY SERVICES MIAMI LLC
4000 PONCE DE LEON BLVD, STE 470
CORAL GABLES, FL 33146**

Having been named as registered agent and to accept service of process for the above state 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.

DocuSigned by:

Mark Rosenfield

0AE87F1AA18D472

4/26/2022 | 2:25 PM PDT

MARK ROSENFELD, Registered Agent

ARTICLE IV-

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

MANAGER

**MARK ROSENFELD
1340 N GREAT NECK RD, #1272-352
VIRGINIA BEACH, VA 23454**

ARTICLE V-

Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE VI- Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:
 4/26/2022 | 2:25 PM PDT
0AE87F1AA18D472

MARK ROSENFELD, as MANAGER

(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s817.155, F.S.)

FILED
2022 APR 27 AM 8:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FL
9D