

L22000174284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

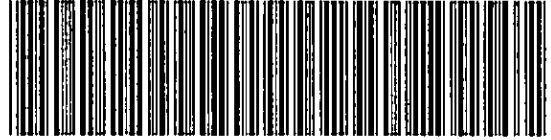
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2007 APR 27 AM 8:50  
TALLAHASSEE, FL  
29

## 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 LLC

Signature \_\_\_\_\_  
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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 LLC  
Ref. Number: W22000054260

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

We have received your document for CONCIERGE XPERIENCE 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: 122A00009613

**ARTICLES OF ORGANIZATION  
FOR  
CONCIERGE XPERIENCE 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 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 8:50  
SECRETARY OF STATE  
TALLAHASSEE, 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*  
9AE87F1AA18D472...

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:

*Mark Rosenfield*

4/26/2022 | 2:25 PM PDT

9AE87E1AA18D472

**MARK ROSENFELD, as MANAGER**

**FILED**  
2022 APR 27 AM 8:50  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE STATE OF FLORIDA  
NASSAU COUNTY  
TALLAHASSEE, FL  
9D

*(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 §817.155, F.S.)*