6-May-2022 09:22

Leopold Fax

3059311947

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000160752 3)))



H220001607523ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

\*\*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.

# 820 SW 16th Court, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

56

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	Æ. I	_ [	Vя	me.	•

The name of the Limited Liability Company is:

820 SW 16th Court, 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:

Zip

1212 South Andrews Avenue, Suite 203

Fort Lauderdale, FL 33316

1212 South Andrews Avenue, Suite 203

Fort Lauderdale, FL 33316

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

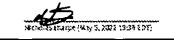
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Nicholas G. Sharpe		
	Name	
2317 Barcelona Drive	e	
Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
Fort Lauderdale	FL	33301

State

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TOWN HAY -6 AM 3: 56

CABLE AND/OR VIDEO FRANCHISING FRANCHISING FRANCHISING

 _		_	
 411	( )	. 60	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Nicholas G. Sharpe	
ANIBR	2317 Barcelona Drive	
	Fort Lauderdale, FL 33301	
	101120001111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·
<del></del>		
	<del></del>	<del> </del>
	<del></del>	
		<del></del>
(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 sp	ecific 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 r	neet the applicable statutory filin	g requirements, this date will not be listed as
the document's effective date on the Department		- •
ARTICLE VI: Other provisions, if any.		
Any and all lawful purposes.		
	•	
REQUIRED SIGNATURE:		
McDoiseshama (May S. 3	M27 19.5 <b>\$</b> 5017	
Signature of a me	ember or an authorized represe	entative 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.

Nicholas G. Sharpe

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)