# L22000 190571

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

Office Use Only



200387225732

05/06/22--01013--021 \*\*125.00

RECEIVED

2022 MAY -6 PM 3: 10 2022 MAY -6 PM 1:

SECRETARY OF STATE DIVISION OF CURPICE PLOSTICE
TALLAHASSEE, FLORING

## CORPORATE When you need ACCESS to the world

ACCESS, \_ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

			• •	
		PICK	UP:	LYNES 5/6
	□ xx	CERTIFIED COPY PHOTOCOPY	<u></u>	
		CUS		
	ХX	FILING	LLC	
1.		AVENTINE-EVERMORE, (CORPORATE NAME AND DOCUME		
2.		(CORPORATE NAME AND DOCUME	ENT #)	
3.		(CORPORATE NAME AND DOCUME	ENT #)	
4.		(CORPORATE NAME AND DOCUME	ENT #)	
5.		(CORPORATE NAME AND DOCUME	ENT #)	
6.		(CORPORATE NAME AND DOCUME	NT #)	
SPEC INST		L CTIONS:		

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

FILED

ART	<b>ICLE</b>	1-1	Vame:
-----	-------------	-----	-------

\*The name of the Limited Liability Company is:

			2022 MAY -6	PH 3: 10
Aventine-Evermore, LLC				
(Must contain the words "Lim	ited Liability Com	pany, "L.L.C.," or "LLC.")	TALLAHAS	
ARTICLE II - Address:			3	
The mailing address and street address of the princi	pal office of the Li	imited Liability Company is:	•	
Principal Office Address	:	Mailing Addres	<u>35</u> :	
1324 W. Newport Center Drive Deerfield Beach, FL 33442		Same		
another business entity with an active Florida regis  The name and the Florida street address of the regis  William D. Spru	stered agent are:			
1324 W. Newpo	ort Center Drive			
	idress (P.O. Box )	OT acceptable)		
Deerfield Beach	FL	33442		
City	State	Zip		
Having been named as registered agent and to accept place designated in this certificate, I hereby accept the further agree to comply with the provisions of all statu am familiar with and accept the obligations of my pas	e appointment as re utes relating to the p ition as registered	gistered agent and agree to act in Proper and complete performance	this capacity. I of my duties, and I	
	(CONTINI	J <b>ED</b> )		

#### ARTICLE IV-

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

"MGR" = Manager	
MGR	Betty Masi
	1324 W. Newbort Center Drive
	Deerfield Beach, FL 33442
MGR	Edward Masi
111011	1324 W. Newbort Center Drive
	Deerfield Beach, FL 33442
	PO
MGR	True of
HOR	Wilham Spruce OC
	Deerfield Beach, FL 33442
	na mi
	19 P. C.
	ert.
(Use attachment if necessary	, 
LE V: Effective date, if other to feetive date is listed, the date of filing.) If the date inserted in this block	than the date of filing:
LE V: Effective date, if other to feetive date is listed, the date of filing.) If the date inserted in this block	than the date of filing:
LE V: Effective date, if other of fective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the library of the VI: Other provisions, if any	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days afte  k does not meet the applicable statutory filing requirements, this date will not be listed  Department of State's records.
LE V: Effective date, if other of fective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the late VI: Other provisions, if any REOUIRED SIGNATURE	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days afte  k does not meet the applicable statutory filing requirements, this date will not be listed  Department of State's records.
LE V: Effective date, if other of fective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the late VI: Other provisions, if any REOUIRED SIGNATURE	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days after  k does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
LE V: Effective date, if other to fective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the late UI: Other provisions, if any REOUIRED SIGNATURE  Signat This document	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days after  k does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.   ture of a member or an apthorized representative of a member.  ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other to fective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the liment's effective date.	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days after  k does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.

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)