

# L22000197328

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

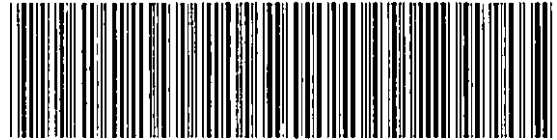
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800387274938

FILED

2022 MAY 12 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 MAY 12 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 05/12/2022

Acc#120160000072

*mic DW*

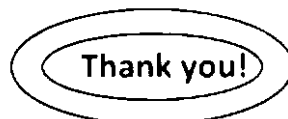
|             |                           |
|-------------|---------------------------|
| Name:       | 5577 Okeechobee Opco, LLC |
| Document #: |                           |
| Order #:    | 14326213                  |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |        |
|------------|--------|
| Amount: \$ | 155.00 |
|------------|--------|



**ARTICLES OF ORGANIZATION  
OF  
5577 OKEECHOBEE OPCO, LLC  
(a Florida limited liability company)**

May 11, 2022

Pursuant to Florida Statutes §605.0201, the undersigned hereby submits the following Articles of Organization of **5577 OKEECHOBEE OPCO, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is “**5577 Okeechobee Opco, LLC**” (the “**Company**”).

**ARTICLE II.**

**Principal Office and Mailing Address**

The mailing address and street address of the principal office of the Company is: 316 Southern Boulevard, West Palm Beach, FL 33405.

**ARTICLE III.**

**Registered Agent**

The name of the initial registered agent of the Company is C T Corporation System and the street address of the Company’s initial registered agent is 1200 S Pine Island Road, Suite 250, Plantation, FL 33324.

**ARTICLE IV.**

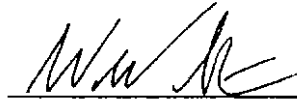
**Initial Officers**

| <b><u>Officer</u></b> | <b><u>Office</u></b>    | <b><u>Address</u></b>                             |
|-----------------------|-------------------------|---|
| Geoffrey G. Jervis    | Chief Executive Officer | 316 Southern Boulevard, West Palm Beach, FL 33405 |
| Vito “Vic” Monteleone | President               | 316 Southern Boulevard, West Palm Beach, FL 33405 |

[signature page to follow]

FILE  
2022 MAY 12 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.

A handwritten signature in black ink, appearing to read 'William Stein', is written over a horizontal line.

William Stein  
Authorized Representative

**Acceptance of Appointment of Registered Agent**

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.

C T CORPORATION SYSTEM

By: \_\_\_\_\_  
Name:

*Donna P. Lee go*

Date: May 11, 2022

**FILED**  
2022 MAY 12 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA