

677-000 212400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

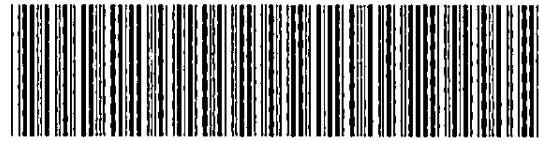
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200385117452

RECEIVED
2022 MAY 18 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/18/2022
Acc#120160000072

mic SW

Name:	19 ANDREWS AVENUE LLC
Document #:	
Order #:	14336122

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:	

FILED
2022 MAY 18 PM 5:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

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
------------	--------

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 19 ANDREWS AVENUE LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Ade

Name of Person

Portsmouth Corporate Financial Services, Inc.

Firm/Company

1000 Market Street, Building One

Address

Portsmouth, New Hampshire 03801

City/State and Zip Code

Lisa.Ade@pcfsl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caren Pratt

603

559-2167

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

19 ANDREWS AVENUE 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:

1001 EAST ATLANTIC AVENUE

SUITE 202

DELRAY BEACH, FL 33483

Mailing Address:

1001 EAST ATLANTIC AVENUE

SUITE 202

DELRAY BEACH, FL 33843m

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:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

Florida

33324

City

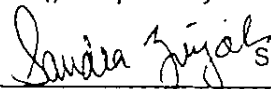
State

Zip

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:



Sandra Zwijack, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

LED
2022 MAY 18 PM 5:14
OFFICE OF STATE
CLERK
TAMASSA, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARK T. WALSH
1001 EAST ATLANTIC AVE
NEU SUITE 202
DELRAY BEACH, FL 33483

MGR

MICHAEL P. WALSH
1001 EAST ATLANTIC AVE
NEU SUITE 202
DELRAY BEACH, FL 33483

MGR

WILLIAM J. WALSH
1001 EAST ATLANTIC AVE
NEU SUITE 202
DELRAY BEACH, FL 33483

MGR

RICHARD C. ADE
1000 MARKET STREET, SUITE 300
PORTSMOUTH, NH 03801

(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 specific 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative 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.

Richard C. Ade, Manager

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)

2022 MAY 18 PM 5:14
DEPT OF STATE
TALLAHASSEE, FLORIDA

-ED