

L22 006 212467

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(Business Entity Name)

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# CT CORP

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

Date: 05/18/2022

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*mic DW*

Name:	7321 Park Blvd North, LLC
Document #:	
Order #:	14336183

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Amount: \$	160.00
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TALLAHASSEE, FLORIDA  
LED

Thank you!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 7321 Park Blvd North, 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:

William H. Martoccia, Jr.

Name of Person

Firm/Company

1201 S. Ocean Drive, Apt. 1902 S

Address

Hollywood, FL 33019

City/State and Zip Code

hamlet01@aol.com

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

For further information concerning this matter, please call:

William H. Martoccia, Jr.

631

831-9680

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

2022 MAY 18 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7321 Park Blvd North, 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:

1201 S. Ocean Drive, Apt. 1902 S  
Hollywood, FL 33019

Mailing Address:

1201 S. Ocean Drive, Apt. 1902 S  
Hollywood, FL 33019

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:

Nichol McCroy  
Registered Agent's Signature (REQUIRED)

Nichol McCroy, Assistant Secretary

(CONTINUED)

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TALLAHASSEE, 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

William H. Martoccia, Jr.  
1201 S. Ocean Drive, Apt. 1902 S  
Hollywood, FL 33019

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)

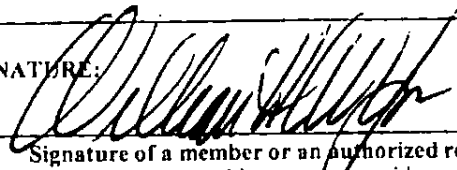
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

William H. Martoccia, Jr.

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 MAR 18 PM 4:19  
ED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA