Florida Department of

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.

(((H22000196720 3)))



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 : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 : (561)842-4104 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jona than. A. Gardner

FLORIDA LIMITED LIABILITY CO. GARDNER HOLDING TRUST, LLC

Certificate of Status 0 Certified Copy 0 02 Page Count \$125.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help



		C	OVER LETT	ER				
	ew Filing Sect ivision of Cor							
		HOLDING TRUST, L	.LC					
SUBJECT	:	Name of I	Limited Liabili	гу Сотралу				
The enclos	ed Articles of	Organization and fee(s)	are submitted	for filing.				
Please retu	rn all correspo	ndence concerning this	matter to the fo	ollowing:				
	Gregory R. C	Cohen, Esq.						
			Name of	Person	·			
	Cohen Norris	s Wolmer Ray Telepma	n Berkowitz C	ohen				
	Firm/Company						2022 J	
	712 U.S. Highay One, Suite 400						NOF 2	
	Address						9-	[
North Palm Beach, FL 33408							Ą	[]
			City/State an	d Zip Code		- C	9:46	C
		A.GARDNER@GMAI				<u> 필드</u>	g.	
	F	E-mail address: (to be u	sed for future a	nnual report notificat	ion)	-	•	
For further	information co	ncerning this matter, ple	ease call:					
	Karin Drakas		561 (844-3600				
	Nam	e of Person	Area Code	Daytime Telephon	e Number			
Enclosed	is a check for ti	he following amount:						
≣\$ 125.0	0 Filing Fcc	☐\$130.00 Filing Fcc Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 f Certificate of Certified Co (additional co	of Status & opy	ed)	

Mailing Address New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLESOF	ORGANIZATION FOR FL	ORIDA LIMITI	ED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:			
GARDNER HOLDIN (Must conta	G TRUST, LLC in the words "Limited Li	ability Compar	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limit	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
2802 Battery Place N	w	2:	302 Battery Place NW	
Washington, DC 2001			ashington, DC 20016	
				-
another business entity with an a The name and the Florida street a	ctive Florida registration ddress of the registered a Gregory R. Cohen, Esc	.) agent are:	t. You must designate an individus	2022 JUN -6 ALLAHASS
	712 U.S. Highway One		D	SS - 6
	Florida street address	(P.O. Box <u>NO</u>	[acceptable)	
	North Palm Beach	FL	33408	- 15 3 1
	City	State	Zip	- 1983 1983 1983 1983 1983 1983 1983 1983
place designated in this certificate, further agree to comply with the pro-	I hereby accept the appoing visions of all statutes reli	intment as regis uting to the pro	the above stated limited liability coi tered agent and agree to act in this per and complete performance of m nt as provided for in Chapter 605, I	capacity. I ry duties, and I

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Memb	per	
"MGR" = Manager		
MGR	JONATHAN A. GARDNER	
	2802 BATTERY PLACE NW WASHINGTON, DC 20016	
	WALONINGTON	
MGR	KELLY GARDNER	
4000	2802 BATTERY PLACE NW	
	WASHINGTON, DC 20016	
		202
	T.	2
		፰
(Use attachment if necessary)) <u> </u>	72.
	COPITONATA:	9
CLE V: Effective date, if other ti	han the date of filing: (OPTIONAL): ~ must be specific and cannot be more than five business days prior to of 90 d	lave afi
in of filing \	ورع أحسر	
If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date will not b	e Iste
cument's effective date on the Γ	Department of State's records.	£
OFF WI. Other avordalone if one	,	•
CLE VI: Other provisions, if any	·	
REQUIRED SIGNATURE	:	
	Jonathan Gardner	
Signat	ture of a member or an authorized representative of a member.	
This docume	cure of a member or an authorized representative of a member.	
This docume I am aware th	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State	
This docume I am aware th	cure of a member or an authorized representative of a member.	
This docume I am aware the constitutes a	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State	