

6/10/22, 3:05 PM

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L22080160727

**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.**

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**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 : FOLEY & LARDNER  
Account Number : I19980000047  
Phone : (407)423-7656  
Fax Number : (407)648-1743

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

Email Address: \_\_\_\_\_

RECEIVED  
2022 JUN 10 PM 4:28  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
CTL Holdings LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2022 JUN 10 AM 9:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** CTL Holdings 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:

Antony Mitchell

Name of Person

CTL Holdings LLC

Firm/Company

6615 W. Boynton Beach Blvd, #394

Address

Boynton Beach, FL 33437

City/State and Zip Code

amitchell@pinechase.com

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

For further information concerning this matter, please call:

Antony Mitchell      561      373-2475  
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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CTL Holdings 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:**

6615 W. Boynton Beach Blvd., #394  
Boynton Beach, FL 33437

**Mailing Address:**

6615 W. Boynton Beach Blvd., #394  
Boynton Beach, FL 33437

**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:

F & L Corp.

Name

One Independent Drive, Suite 1300

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

Jacksonville

FL

32202

City

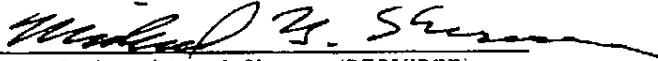
State

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.*

F & L Corp.

By



Registered Agent's Signature (REQUIRED)

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2022 JUN 10 AM 9:18  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL 32202

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**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

Antony Mitchell

6615 W. Boynton Beach Blvd., #394

Boynton Beach, FL 33437

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

DocuSigned by:

*Antony Mitchell*

9AAGD747C5847D

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.

Antony Mitchell, 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)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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