

122000274727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

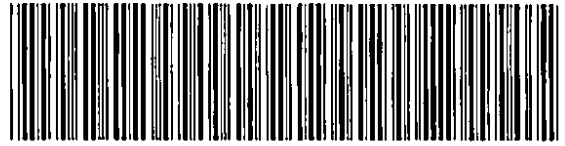
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800389474148

RECEIVED

2022 JUN 14 PM 4:28

DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

06/15/22--01001--012 **125.00

FILED

2022 JUN 14 PM 9:35

DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/14 LYNES

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING _____

LLC _____

1. **CRITICAL SQUARES PARTNERS AND ADVISORS LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
2022 JUN 14 PM 9:35
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Critical Squares Partners and Advisors 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:

6639 Lucaya Ave.
Boyton Beach, Florida 33437

Mailing Address:

6639 Lucaya Ave.
Boyton Beach, Florida 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:

Jacob Pleeter

Name

6639 Lucaya Ave.

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

Boyton Beach, Florida 33437

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..

J. Pleeter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2022 JUN 14 PM 9:35

STATE OF FLORIDA
CLERK OF SUPERIOR COURT
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:

Jacob Pleeter

6639 Lucaya Ave., Boyton Beach, Florida 33437

AMBR

Mary Ann Stone-Pleeter

6639 Lucaya Ave. Boyton Beach, Florida 33437

AMBR

Abigail S. Pleeter

6639 Lucaya Ave. Boyton Beach, Florida 33437

AMBR

Lauren A. Pleeter-Bresner

6639 Lucaya Ave, Boyton Beach, Florida 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:



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.

Jacob Pleeter

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)

FILED

2022 JUN 14 PM 9:35

FILED

2022 JUN 14 PM 9:35

ADDITIONAL MEMBERS/MANAGERS FOR
CRITICAL SQUARES PARTNERS AND ADVISORS LLC

AMBR Zachary Pleeter 6639 Lucaya Ave., Boyton Beach, Florida 33437

FILED
2022 JUN 14 PM 9:35
CLERK OF COURT
JUDICIAL CIRCUIT IN
AND SEVENTH
JULY 14, 2022