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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

	w Filing Sec vision of Co					
SUBJECT:		Street, LLC				
SUBJECT.	·	Name	of Lim	ited Liabil	ity Company	
The enclose	ed Articles of	Organization and fo	ec(s) are	submittee	for tiling.	
Please retur	n all corresp	ondence concerning	this ma	ter to the	following:	
	Timothy P.	Atkinson, Esq.				
		,		Name of	Person	
	Oertel, Fern	andez, Bryant & Atl	kinson.	PA		
				Firm/Ce	mpany	
	PO Box 111	0				
	-			Addi	ess	<u> </u>
	Tallahassee.	FL 32302				
j	oc(@capitolf	l.com	Ci	ty/State an	d Zip Code	
<u>.</u>			e used	for future :	annual report notificat	ion)
For further in	dormation co	meerning this matter	, please	call:		
	Allyne M. S	mith	85	()	521-0700	
-	Nan	ne of Person	_at (Ar	ea Code	Daytime Telephor	ne Number
Enclosed is	a check for t	he following amoun	1:			
□\$125.00	Fifing Fee	□\$130,00 Filing Certificate of Sta		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address			Street Address	

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

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

FILED

ART	FI	٠,	F	_	Na	me:

The name of the Limited Liability Company is:

2022 JUN 27 PM 4: 44

		LUZZ JUN Z I PH
CBG65th Street, LLC		Stran
(Must contain the words "Limited Liability	Company, "L.L.C.," or "H.C.")	<u>SEUME A</u> N EF TALLAHASSEE
ARTICLE II - Address:		
The mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Adda	<u>ress</u> :
1200 North Federal Highway, Suite 200	1200 North Federal Highway	, Suite 200
Boca Raton, FL 33432	Boca Raton, FL 33432	
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		dividual or
The name and the Florida street address of the registered agent a	nre:	
Joseph Garofalo		
Name		
1200 North Federal Highway	y, Suite 200	

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 vertificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I thather 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..

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

State

Boca Raton

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"MGR" = Manager MGR	Joseph Garofalo 807 Wiltonway Drive Plant City, FL 33563	s 2
MGR	807 Wiltonway Drive	
		.e. 2
		三二
		JUN 27
		=======================================
ective date is listed, the date must be spec of filing.)	f filing: (OPTIONAl iffic and cannot be more than five business days prior to the applicable statutory filing requirements, this date f State's records.	o or 90 days
REOURED SIGNATURE:	24	
Signature of a men This document is execute	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department o	atutes.
I am aware that any false i	clony as provided for in s.817.155, F.S.	rataic

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)