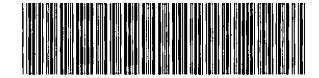
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Art of Inc. File	
			LTD Partnership File	
			Foreign Corp. File	
			L.C. File	
			Fictitious Name File	
			Trade/Service Mark	<u>.                                    </u>
			Merger File	
			Art, of Amend, File	
			RA Resignation	_
			Dissolution / Withdrawal	
			Annual Report / Reinstatement_	
			Cert. Copy	
			Photo Copy	
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Requested by: SETH	07/13		UCC 1 or 3 File	_
Name	<del></del>		UCC 11 Search	_
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Walk-In	Will Pick Up _		Courier	

### COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	2736 GLEN MAWR LLC	
		Liability Company
The encl	closed Articles of Organization and fee(s) are sub	omitted for filing.
Please re	return all correspondence concerning this matter t	to the following:
	KAREL OUREDNIK IV	
	N	ame of Person
	OUREDNIK LAW OFFICES, P.A.	
	F	irm/Company
	4600 TOUCHTON RD E STE 1150	
		Address
	JACKSONVILLE, FL 32246	
	•	State and Zip Code
	karel@ourednik.com  E-mail address: (to be used for f	future annual report notification)
For furthe	er information concerning this matter, please call	· !:
	KAREL OUREDNIK 904	3968080
	Name of Person Area C	Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
	5.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy dditional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address	Street Address New Filing Section Division
New Filing Section Division of Corporations		The Centre of Tallahassee
P.O. Box 6327		2415 N. Monroe Street, Suite 810

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

2736 GLEN MAWR LLC  (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	afile Limited Cirkilia, Communica
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2723 PEACOCK STREET	2723 PEACOCK STREET
JACKSONVILLE, FLORIDA 32207	JACKSONVILLE, FLORIDA 32207
· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:

KAREL OUREDNIK IV
Name

4600 TOUCHTON ROAD E., SUITE 1150
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FLORIDA 32246

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	O'ROURKE FAMILY LLC 2723 PEACOCK STREET JACKSONVILLE. FL 32207
<del></del>	
·	
(If an effective date is listed, the date must be sp the date of filing.)	c of filing: JULY 12, 2022 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execular any fals	tember or an authorized representative of a member.  auted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
KADEI OIIDEI	DNIV IV

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

22 JUL 14 PH 8:55