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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA
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FLORIDA LIMITED LIABILITY CO.
2018 MANOR LN LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

2018 Manor LN LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1517 SE 12th CT
Fort Lauderdale, FL 33316
USA

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Jeffrey Franzoni
1517 SE 12th CT
Fort Lauderdale FL 33316
USA

ARTICLE IV

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

Jeffrey Franzoni
MGRM

Gareth Rees
MGRM

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

*Page 1 of 2***Required Signatures:**

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Jeffrey Franzoni

Typed or printed name of signee

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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

2022 JUL 15 AM 8:14
STATE OF FLORIDA
DEPARTMENT OF STATE

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