

L22000333529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

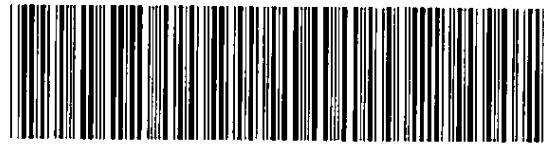
(Business Entity Name)

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Office Use Only



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22 JUL 28 AM 1:26

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2022 JUL 28 PM 3:34

Division of Corporations
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160 AMOUT: \$ 130.00

Authorization Signature: [Signature]

2918 Poplar Street, LLC

Business

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

22 JUL 20 AM 1:25

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☐ Reinstatement

☐ Other

EXAMINER'S INITIALS:

22 JUL 28 AM 1:

COVER LETTER

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

SUBJECT: 2918 Poplar Street, 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:

Luca Di Nunzio

Name of Person

Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Pkwy Ste C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

Luca Di Nunzio	239	418-0169
_____ Name of Person	at (_____) _____ 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

22 JUL 28 AM 1:28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2918 Poplar Street, 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:

33 W JACKSON BOULEVARD 200
CHICAGO, IL 60604-4149

Mailing Address:

33 W JACKSON BOULEVARD 200
CHICAGO, IL 60604-4149

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:

DLF Registered Agent Service, LLC

Name

10181 Six Mile Cypress Pkwy Ste C

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

Fort Myers

FL

33966

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..

/s/ Michael A. Scott

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 28 AM 1:

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

Keith A. Vogt
33 W JACKSON BOULEVARD 200
CHICAGO, IL 60604-4149

MGR

Pamela R. Webster
33 W JACKSON BOULEVARD 200
CHICAGO, IL 60604-4149

(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:

/s/ Keith Vogt

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.

Keith Vogt

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)

22 JUL 28 AM 1:26