Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	
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FLORIDA LIMITED LIABILITY CO. 12232 ABRAMS AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	S AVENUE 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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
780 COTTON BAY DRIVE WEST APARTMENT 1210	780 COTTON BAY DRIVE WEST APARTMENT 1210
WEST PALM BEACH, FL 33406	WEST PALM BEACH, FL 33406
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered	Registered Agent. You must designate an individual or n.)
LAWRENCE SCAR	LETT
	Name
	DRIVE WEST, APARTMENT 1210 s (P.O. Box NOT acceptable)
WEST PALM BEAC	CH FLORIDA 33406

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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2022 AUG 31 AM 7: 03

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	LAWRENCE SCARLETT 780 COTTON BAY DRIVE WEST, APT., 1210 WEST PALM BEACH, FLORIDA 33406
(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be so of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da t meet the applicable statutory filing requirements, this date will not be at of State's records.
E VI: Other provisions, if any.	

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.

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)

(H) AND DOGLOG