

L22000392726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

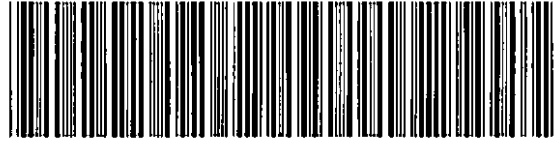
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600393789596

S. CHATHAM
SEP 13 2022

MASSSE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 12 PM 3:09 2022 SEP 12 PM 3:36

COVER LETTER

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

SUBJECT: 1206 Carlton, 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:

Philip W. Grosdidier

Name of Person

Fox McCluskey Bush Robison, PLLC

Firm/Company

3461 SE Willoughby Blvd.

Address

Stuart, FL 34994

City/State and Zip Code

danielle@foxmccluskey.com

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

For further information concerning this matter, please call:

Philip W. Grosdidier	772	287-4444
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

Please use funds from Account: I20210000160 Amount: \$160.00

Authorization Signature: *James Telle*
1206 Carlton, LLC

Business **Document #**

Walk in Pick up time
 Mail out Will wait
 Photocopy

Certified Copy (s) of Articles of Correction
 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
 Articles of Conversion

OTHER FILINGS

Annual Report
 Fictitious Name
 ARTICLES OF CORRECTION

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement

APOSTIL() Other
Country

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1206 Carlton, 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:

Mailing Address:

6 N. Sewalls Point Rd.

Stuart, FL 34996

6 N. Sewalls Point Rd.

Stuart, FL 34996

22 SEP 12 PM 3:09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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:

Fox McCluskey Bush Robison, PLLC

Name

3461 SE Willoughby Blvd.

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


Stuart, FL 34994

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..

 Authorized Member

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

"MGR" = Manager

Name and Address:

MGR

Nicolas Fierro
6 N Swealls Point Rd.
Stuart, FL 34996

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 22 SEP 12 PM 3:09

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

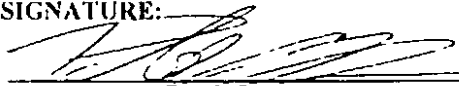
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

This is a manager managed limited liability company, and the initial manager is Nicolas Fierro.

REQUIRED SIGNATURE:



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.

Phillip W. Grosdidier, Authorized Representative

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)