122000399486

(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

T. SCOTT SEP 1 6 2022



900394128139

09/16/22--01005--002 **130.00

CIBLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAMABSEE, FLORIDA

22 SEP 16 AM 6: In

M22 SEP 16 AM 9: 05

SECRETARY OF STATE

ROBERT E. BONE JR., P.A. ATTORNEY AT LAW

918 W. Main Street Leesburg, Florida 34748 Phone. 352-315-0051 Fax. 352-326-0049

VIA FEDEX

September 14, 2022

Nolan Process Servers, LLC 7498 Anglewood Lane Tallahassee, FL 32309

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

RE: 124 SOUTH FLORIDA STREET, LLC NEW LLC FILING

Dear Deborah:

Please find attached for rush process with the New Filing Section Division of the Florida Department of State, Division of Corporations the following:

- 1. Cover Letter and original signed Articles of Organization of 124 South Florida Street, LLC;
- 2. Check to the Florida Department of State in the amount of \$130.00 for Filing Fee and Certificate of Status; and
- 3. Check to Nolan Process Servers in the amount of \$75.00 for rushed same day service.

Could you please hand-carry the packet to the above address for filing as soon as possible. I appreciate all of your assistance in this matter. If you have any questions or require additional funds, please do not hesitate to contact me.

Sincerely,

Jennifer A. McElrath

In Carath

Assistant to Robert E. Bone, Jr.

REB/jam

Enclosures: As noted

COVER LETTER

TO:	New Filing Sec Division of Cor						
SUBJEC		H FLORIDA STRE	ET, LLC		,		
SUBJEC		Name	of Limited	Liability Comp	pany	 	
The encl	losed Articles of	Organization and fe	e(s) are subi	nitted for filin	ų.		
Please re	eturn all correspo	ondence concerning	this matter to	the following	ř:		
	ROBERT E.	BONE JR. ESQ					
			Na	me of Person			
	ROBERT E.	BONE JR. PA					
	Firm/Company						
	918 W. MAI	N STREET					
				Address			
	LEESBURG	i, FL 34748					
	RBONE@TH	EBONELAWFIRM		ate and Zip Co	ode		
		E-mail address: (to b		ture annual re	port notificat	ion)	
For furthe	r information co	ncerning this matter.	, please call;				
	ROBERT BO	ONE	352 at (315-0	051		
	Nam	e of Person	Area Co		ime Telephon	ne Number	
Enclosed	l is a check for the	he following amount					
□\$125.	00 Filing Fee	■\$130.00 Filing Certificate of Sta	tus C	□\$155.00 Fili Certified Copy ditional copy i		□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		The Cer 2415 N.	address ing Section D atre of Tallaha Monroe Stre ssee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: 124 SOUTH FLORIDA STREET, LLC (Must contain the words "Limited Liability Company is:	ity Company "L.I.C." or "LI.C."					
(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:					
Principal Office Address: 124 S. FLORIDA ST.	Mailing Address: 32510 CRYSTAL BREEZE LANE					
						

BAHAA GERGES

The name and the Florida street address of the registered agent are:

Name

32510 CRYSTAL BREEZE LANE

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

LEESBURG FLORIDA 34788

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)

2022 SEP 16 AM 6: 1%

OF PRANCHISING

OLYMPIASSES FINDRINA

OLYMPIASSES FINDRINA

OLYMPIASSES FINDRINA

ARTICLE IV-

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

Titte:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	BAHAA GERGES 32510 CRYSTAL BREEZE LEESBURG, FL 34788	LANE
AMBR	JAN GUIRGUIS 32409 CRYSTAL BREEZE LEESBURG, FL 34788	LANE
		
(Use attachment if necessary)		
	not meet the applicable statutory filin	. (OPTIONAL) five business days prior to or 90 days after g requirements, this date will not be listed as
the document's effective date on the Departi ARTICLE VI: Other provisions, if any.	nent of State's records.	
REQUIRED SIGNATURE:	Car	
Signature of	a member or an authorized represe	ntative of a member

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.

BAHAA GERGES

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)