Division of Corporations Electronic Filing Cover Sheet

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.

(((H220003312643)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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. WEST PARK CIRCLE LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| West Park Cir | rcle LLC | | | | |
|--|---|--|---|--|--|
| (Must end | with the words "Limited | Liability Com | pany, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: | | | | | |
| The mailing address and street | address of the principal of | Mice of the Lin | nited Liability Company is: | | |
| Princi | nal Office Address: | | Mailing Address: | | |
| 369 South Lab | c Drive | | 369 South Lake Drive | | |
| Palm Beach, FL 33480 | | _ | Palm Beach, FL 33480 | | |
| ARTICLE III - Registered A | gent, Registered Office, a | Registered Ag | | | |
| ARTICLE III - Registered A | gent, Registered Office, or y cannot serve as its own active Florida registration | Registered Agn.) | Agent's Signature: | | |
| ARTICLE III - Registered A (The Limited Liability Compar another business entity with an | gent, Registered Office, or y cannot serve as its own active Florida registration | Registered Agn.) | Agent's Signature: | | |
| ARTICLE III - Registered A (The Limited Liability Compar another business entity with an | gent, Registered Office, and cannot serve as its own active Florida registration taddress of the registered | Registered Agn.) | Agent's Signature: | | |
| ARTICLE III - Registered A (The Limited Liability Compar another business entity with an | gent, Registered Office, and cannot serve as its own active Florida registration taddress of the registered | Registered Agn.) agent are: Name | Agent's Signature: | | |
| ARTICLE III - Registered A (The Limited Liability Compar another business entity with an | gent, Registered Office, and y cannot serve as its own active Florida registration address of the registered David Kepner | Registered Agn.) agent are: Name Drive | Agent's Signature: ent. You must designate an individual | | |
| ARTICLE III - Registered A (The Limited Liability Compar another business entity with an | gent, Registered Office, and cannot serve as its own a active Florida registration that address of the registered David Kepner 369 South Lake | Registered Agn.) agent are: Name Drive | Agent's Signature: ent. You must designate an individual | | |

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

22 SEP 26 PM 12: 35

Lexitas

| "MGR" = Manager MGR David Kepner 369 South Lake Drive Palm Beach, FL 33480 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a date of filing.) Its: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with sections 605.0203 (1) (b), Florida Statptes. 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. David Kepner Typed or printed name of signee Typed or printed name of signee Filing Feest; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional) | Title: | | Name and Address: | | |
|--|--|---|--|-----------|-----|
| (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a date of filing.) Igg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized replesentative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statptes. 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. David Kepner Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | | | | |
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