

L22000443632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

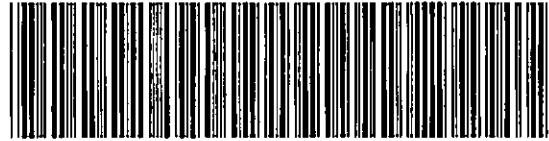
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/06/22--01019--025 **125.00

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2022 OCT -6 PM 2:38

CLERK OF COURT
TALLAHASSEE, FLORIDA

D. O'KEEFE

OCT -6 2022

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 445 E. North Water, 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:

Francesco Roselli, Robin C. Conter

Name of Person

Lillig & Thorsness, Ltd.

Firm/Company

1900 Spring Road, Suite 200

Address

Oak Brook, IL 60523

City/State and Zip Code

froselli@lilliglaw.com, rconter@lilliglaw.com

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

For further information concerning this matter, please call:

Francesco Roselli, Robin Conter 630 571-1900
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

445 E. North Water, I.L.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:

350 N. Federal Highway, Unit 1211
Bovnton Beach, FL 33435

350 N. Federal Highway, Unit 1211
Bovnton Beach, FL 33435

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:

John E. Miller, Jr.

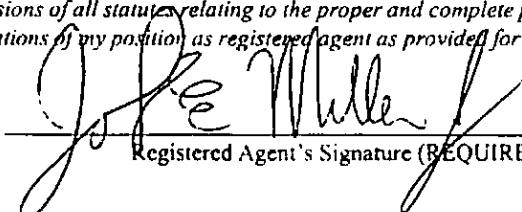
Name

350 N. Federal Highway, Unit 1211

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

<u>Bovnton Beach</u>	<u>Florida</u>	<u>33435</u>
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)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

John E. Miller, Jr.
350 N. Federal Highway, Unit 1211
Boynton Beach, FL 33435

(Use attachment if necessary)

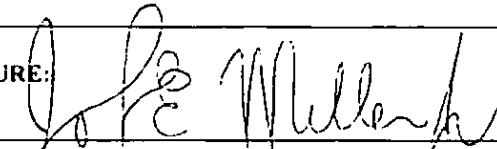
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

x 

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.

John E. Miller, Jr.

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

LILLIG & THORSNESS, LTD.
Attorneys at Law
1900 SPRING ROAD, SUITE 200
OAKBROOK, ILLINOIS 60523-1495
TELEPHONE (630) 571-1900
FACSIMILE (630) 571-1042
WWW.LILLIGLAW.COM

ROBIN C. CONTER
rconter@lilliglaw.com

September 29, 2022

Via Certified Mail-Return Receipt

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2022 OCT -6 PM 2:38
TALLAHASSEE, FLORIDA

Re: 445 E. North Water, LLC, a Florida limited liability company

Dear Sir or Madam:

Enclosed please find the Cover Letter and Articles of Organization for 445 E. North Water, LLC.
I am also enclosing our check in the amount of \$125.00 which covers the cost of the Filing Fee.

Please file this document and return a file-stamped copy to the undersigned. Thank you for your assistance in this matter.

Please contact me should you have any questions.

Sincerely,

LILLIG & THORSNESS, LTD.


Robin C. Conter

RCC/ld
Enc