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(Rec	questor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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S. CHATHAM



2022 NOV-1 PH 3: 49

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	SERVICES, INC
,	HIS ACCOUNT: 120210000160 AMOUNT: \$125.00 E: Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certificate of Status NEW FILINGS	tion (please stamp each page) <u>AMMENDMENTS</u>
Profit Not for Profit X_Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Statement of Portnership
Fictitious Name	Statement of PartnershipReinstatement
APOSTIL()	Statement of Authority Other

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERV 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	ACES. INC
PLEASE USE FUNDS FROM THIS ACAUTHORIZATION SIGNATURE:Island Square LLC BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Organization (Certificate of Status NEW FILINGS	please stamp each page) <u>AMMENDMENTS</u>
ProfitNot for ProfitX_Limited LiabilityDomesticationOtherCORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Statement of Partnership Reinstatement Statement of Authority
APOSTIL()	Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO:	New Filing Section Division of Corporations	
	TOLAUD CO	1111111111111
SUBJEC	CT: ISLAND SO Name of	VAICE, CCC
	Name of	Limited Liability Company
The encl	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	MARIG	WEUS
		Name of Person
	milne	+ Buckingham, P. A.
		Firm/Company
	1912 4	Address Address
		Address
	JAY,	City/State and Zip Code
		City/State and Zip Code
	dmin	necomp Daol.com
	· · · · · · · · · · · · · · · · · · ·	ed for future annual report notification)
or further:	information concerning this matter, plea	se call
	MARIE 1 1500	904 387-5400 X / Area Code Davime Telephone Number
	TIMUE WELLS at (904) 307 37 4
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
J\$125.00	Filing Fee \$130.00 Filing Fee a	& □\$155.00 Filing Fee & □\$160.00 Filing Fee,
	Certificate of Status	Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
	Mailing Address	Street Address
New Filing Section		New Filing Section Division
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	1.O. DOX 0347	ATIO IT. MIDING SUCCI, SUIC 010

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF Island Square, LLC

The undersigned, is acting as authorized representative of a person who will become a member immediately upon these Articles of Organization becoming effective. For purposes of forming a limited liability company under the Florida Limited Liability Act, F.S. 605, he hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Island Square, LLC.

ARTICLE II - ADDRESS

The mailing address of the company is 1912 Hamilton Street, #203, Jacksonville, FL 32210.

The street address of the principle office of the company is the same as above.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered office of the company in Florida, and the registered agent at that address is:

Douglas J. Milne
Milne and Buckingham
1912 Hamilton Street, No. 203
Jacksonville, FL 32210
doug@milnecorpjax.com 904.387.5400

Having been named as registered agent 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 obligations of my position as registered agent as provided in F.S. Chapter 605.

Name

DEMmey

ARTICLE IV - MANAGEMENT

The company is to be manager managed. The name and address of the person authorized to manage and control the company is:

Marie Wells 1912 Hamilton Street #203 Jacksonville, FL 32210

ARTICLE V - PURPOSE

The company may engage in any lawful activity including, but not limited to, the acquisition, ownership and management of real estate properties.

ARTICLE VI – EFFECTIVE DATE

The effective date of the company shall be simultaneous with the filing of these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, who is an authorized representative of a person who will become a member of the company immediately upon these Articles of Organization becoming effective, has made and subscribed these Articles of Organization at Jacksonville, Florida, on November 1, 2022.

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 section 817.155 Florida Statutes.

Douglas J. Milne