

L22000470076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

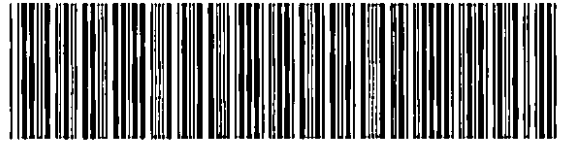
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S. CHATHAM  
NOV - 3 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 NOV - 3 AM 4: 26

2022 NOV - 3 PM 3: 30

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/3/22

**\*\*WALK IN\*\***

ENTITY NAME 2689 CRAVEN WAY LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

~~XXXX~~  
Plain Copy  
Certified Copy  
Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
Certified Copy of Arts & Amendments  
\_\_\_\_\_  
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  
\_\_\_\_\_  
Certificate of Status  
\_\_\_\_\_  
Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155  
ACCOUNT # I20140000108  
United Corporate Services, Inc. *Keith Heyward*  
Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2689 CRAVEN WAY, 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:  
503 ROSENOW ROAD  
THE VILLAGES FL 32163

Mailing Address:  
503 ROSENOW ROAD  
THE VILLAGES FL 32163

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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:

JACQUELINE THOMALA  
Name  
503 ROSENOW ROAD  
Florida street address (P.O. Box **NOT** acceptable)  
The Villages FL 32163  
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..

X Jacqueline Thomala  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

