

L22000478737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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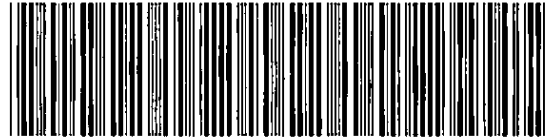
(Business Entity Name)

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22 NOV - 9 AM 4: 06

2022 NOV - 9 AM 11: 21

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 124723 4612432

AUTHORIZATION :



COST LIMIT : \$ 125.00

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ORDER DATE : November 8, 2022

ORDER TIME : 8:57 AM

ORDER NO. : 124723-005

CUSTOMER NO: 4612432  
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DOMESTIC FILING

NAME: CAROLE AUGUSTA LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
Carole Augusta LLC**

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**Article I**

The name of the Limited Liability Company is:

Carole Augusta LLC

**Article II**

The mailing address and street address of the principal office of the Limited Liability Company is:

6033 NW 42nd Way  
Boca Raton, FL 33496

**Article III**

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

Briana Shestack  
6033 NW 42nd Way  
Boca Raton, FL 33496

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.*



Registered Agent's Signature

**Article IV**

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

Title:  
Manager

Name and Address:  
Briana Shestack  
6033 NW 42nd Way  
Boca Raton, FL 33496

**REQUIRED SIGNATURE**

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.



Briana Shestack, Manager

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