

1220000512861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

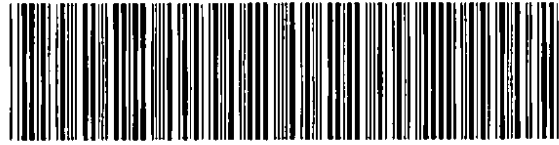
(Document Number)

Additional Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer.

Office Use Only



800398239038

[Signature]
12/18/22

12/08/22--01014--002 **160.00

FILED RECEIVED
2022 DEC -8 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 DEC -8 AM 11:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBG Pointe West, 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:

1200 N. Federal Hwy., Suite 200

Boca Raton, FL 33432

Mailing Address:

1200 N. Federal Hwy., Suite 200

Boca Raton, FL 33432

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:

Joseph M. Garofalo

Name

807 Wiltonway Dr.

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

Plant City

FL

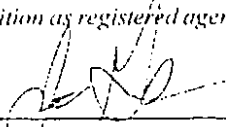
33563

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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TALLAHASSEE, FL

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

AMBR/MGR

Port Richey Village Investments, LLC
1200 N. Federal Hwy., Suite 200
Boca Raton, Florida 33432

AMBR

Vero Homes of 65th St, LLC
2234 N. Federal Highway #486
Boca Raton, FL 33431

AMBR

East Village Square, LLC
7298 East Village Sq.
Vero Beach, FL 32966

AMBR

Vero Beach 57th Street, LLC
807 Wilton Way Dr.
Plant City, FL 33563

(Use attachment if necessary)

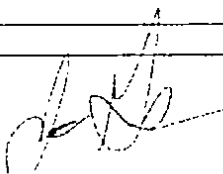
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Joseph M. Garofalo, as Manager of Vero Beach 57th Street, LLC

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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TALLAHASSEE, FL