

# L22000514791

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220004133813ABCY

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : RABIDEAU KLEIN  
Account Number : T20200000035  
Phone : (561)655-6221  
Fax Number : (561)655-3221

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: J.Fisher@CL-TRUST.COM

## FLORIDA LIMITED LIABILITY CO. 1602 WPB, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2022 DEC -3 PM12:14

12/10/2022 10:51

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 1602 WPB, 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:

GUY RABIDEAU  
Name of Person

RABIDEAU KLEIN  
Firm/Company

440 ROYAL PALM WAY, SUITE 101  
Address

PALM BEACH, FL 33480  
City/State and Zip Code

jfisher@cl-trust.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARRETT ELLIS                      561                      655-6221  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

10/9/22 11:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1602 WPB, 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:

Mailing Address:

340 ROYAL POINCIANA WAY  
SUITE 317233  
PALM BEACH, FL 33480

340 ROYAL POINCIANA WAY  
SUITE 317233  
PALM BEACH, FL 33430

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.)

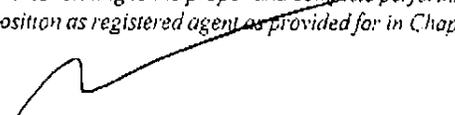
The name and the Florida street address of the registered agent are:

JEFFREY H FISHER  
Name

340 ROYAL POINCIANA WAY, SUITE 317233  
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH      FL      33480  
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)

11/13/2022 10:55

**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

MGRM

JEFFREY H FISHER  
340 ROYAL POINCIANA WAY, SUITE 317233  
PALM BEACH, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

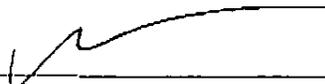
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

GUY RABIDEAU

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)