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(F	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
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(6	Document Number)	
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ial Instructions t	to Filing Officer:	

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200400889222

S. CHATHANI





1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 389857 7977112
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : January 23, 2023
ORDER TIME : 2:14 PM
ORDER NO. : 389857-020
CUSTOMER NO: 7977112
DOMESTIC FILING
NAME: 561 92ND AVE N, 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

TO:	New Filing Sect Division of Corp					
	561 92ND A	AVE N, LLC				
SUBJE	ECT:	Na	me of Lin	nited Liabili	ty Company	
The en	closed Articles of (Organization and	l fee(s) are	e submitt e d	for filing.	
Please	return all correspor	ndence concernia	ng this ma	itter to the fo	ollowing:	
	Christopher R	l. O'Brien, Esq.				
				Name of	Person	
	Woods, Weid	enmiller, Miche	tti & Rudi	nick LLP		
				Firm/Cor	npany	
	9045 Strada S	itell Court, Suite	400			
				Addre	ss	
	Naples, FL 34	109				
			Ci	ity/State and	Zip Code	 -
	cobrien@lawfir		1	F. F.	1	
	Ŀ-	maii address: (to) be usea :	ior ruture ar	nual report notificat	ion)
For further	er information cond	erning this matt	er, płease	call:		
	Christopher R.	O'Brien	23 ³ at (9	325-4070	
	Name	of Person	Ar	ea Code	Daytime Telephon	e Number
D. J.	17. 1.1.6. 4	C. II.				
	d is a check for the	_		_		
■\$ 125	.00 Filing Fee	□\$130.00 Filin Certificate of S		Certific	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing	Address		S	treet Address	
		ng Section			lew Filing Section Di	
	Division P.O. Box	of Corporations	i		he Centre of Tallaha 415 N. Monroe Stree	
		see, FL 32314			allahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

561 92ND AVE N, L	LC		
(Must conta	in the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
CLE II - Address:			
ailing address and street ad	dress of the principal offic	ce of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
30 Stable Way		30.0	Anhi- Wass
50 514010 1141		<u>30 S</u>	table Way
Medway, MA 02053 CLE III - Registered Ager	cannot serve as its own Re	Med Registered Ager egistered Agent.	way, MA 02053
Medway, MA 02053 CLE III - Registered Ager imited Liability Company of	cannot serve as its own Rective Florida registration.)	Med Registered Ager egistered Agent.	way, MA 02053 it's Signature:
Medway, MA 02053 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Rective Florida registration.)	Med Registered Ager gistered Agent. `	way, MA 02053 it's Signature:
Medway, MA 02053 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Restive Florida registration.) ddress of the registered ag WWMR Statutory Agen	Med Registered Ager gistered Agent. `	way, MA 02053 it's Signature:
Medway, MA 02053 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Restive Florida registration.) ddress of the registered ag WWMR Statutory Agen	Registered Ager egistered Agent. Y gent are: ht, LLC	way, MA 02053 it's Signature:
Medway, MA 02053 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Restive Florida registration.) ddress of the registered ag WWMR Statutory Agen N	Registered Agent. Sent are: at, LLC Jame Suite 400	way, MA 02053 It's Signature: You must designate an individual of
Medway, MA 02053 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own Rective Florida registration.) ddress of the registered ag WWMR Statutory Agen N 9045 Strada Stell Court,	Registered Agent. Sent are: at, LLC Jame Suite 400	way, MA 02053 It's Signature: You must designate an individual of

aving been named as registered agent and to accept service of process for the above stated limited liability company at the accept designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I n 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)

_			_	
ΛR	TI	CI	·F	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		
<u>MGR</u>	Steve Proia	
	30 Stable Way Medway, MA 02053	
	Medway, IMA 02033	-
MGR	Gabrielle Proia	:
	30 Stable Way Medway, MA 02053	
	Medway, MA 02053	
		_
		
-		
		^
		<u>,-:</u>
		`-
		
fective date is listed, the o	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to	or 90 day
LE V: Effective date, if other fective date is listed, the confiling.) If the date inserted in this better the confiler.	ther than the date of filing: (OPTIONAL)	or 90 day
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LE V: Effective date, if other fective date is listed, the confiling.) If the date inserted in this hament's effective date on the LE VI: Other provisions, if all lawful business. REQUIRED SIGNATU Docustignees.	ther than the date of filing:	or 90 day
LE V: Effective date, if other fective date is listed, the confiling.) If the date inserted in this hument's effective date on the lawful business. REOUIRED SIGNATU SEDIAGE This doc I am awa	ther than the date of filing:	or 90 day
LE V: Effective date, if other fective date is listed, the confiling.) If the date inserted in this hument's effective date on the last lawful business. REOUIRED SIGNATU SB03/Signatus This doc I am away constitute	ther than the date of filing:	or 90 day

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)