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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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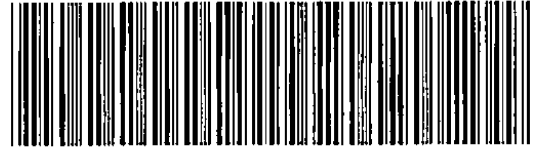
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MCFITZ PROPERTY MANAGEMENT LLC

Signature \_\_\_\_\_

Requested by: SETH

01/26/23

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

# **ARTICLES OF ORGANIZATION**

## **FOR**

### **MCFITZ PROPERTY MANAGEMENT LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability / hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the Limited Liability Company is: **MCFITZ PROPERTY MANAGEMENT LLC**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the Limited Liability Company is:

**119 SE 5TH STREET  
DELRAY BEACH, FL 33483**

The mailing address of the Limited Liability Company is:

**119 SE 5TH STREET  
DELRAY BEACH, FL 33483**

#### **ARTICLE III: PURPOSE**

Any and all legal business.

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## **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Bauer Gutierrez & Borbon, PLLC  
814 Ponce de Leon Blvd, Suite 210,  
Coral Gables, FL 33134.**

## **ARTICLE V: AUTHORIZED MEMBER AND OR MANAGE.**

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

**CALEB MCDONNELL, Manager  
119 SE 5TH STREET  
DELRAY BEACH, FL 33483**

**KEELY FITZGERALD, Manager  
119 SE 5TH STREET  
DELRAY BEACH, FL 33483**

The undersigned has executed these Articles of Organization for filing purposes this 13th day of January 2023.

*/s/ Caleb McDonnell*, as Authorized Representative for MCFITZ PROPERTY MANAGEMENT LLC

\_\_\_\_\_  
Authorized Representative

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned Limited Liability Company organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

**MC FITZ PROPERTY MANAGEMENT LLC**

2. The name and street address of the registered agent and office is:

**Bauer Gutierrez & Borbon, PLLC,  
814 Ponce de Leon Blvd, Suite 210,  
Coral Gables, FL 33134**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

*/s/ Jason Ross*

**Jason Ross for Bauer Gutierrez & Borbon PLLC**

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