

L23900056200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

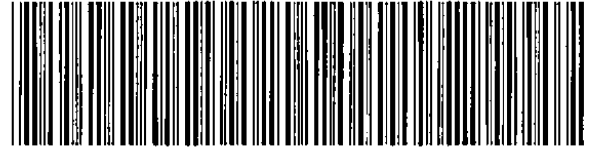
(Business Entity Name)

(Document Number)

Number of Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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S. CHATHAM  
FEB -7 2023

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 FEB -6 AM 11:46

RECEIVED  
2023 FEB 1 PM 1:38  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$1~~10~~.00  
AUTHORIZATION SIGNATURE: 

Grace Property Solutions LLC

**Business Name**

**Document Number, (if known):**

Walk in

Pick up time

Mail out

Will wait  Photocopy

Certified Copy of the Articles of Organization

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

PLLC

**AMMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Conversion

Amended and restated Articles

Statement of Authority

**OTHER FILINGS**

Annual Report

Fictitious Name

APOSTIL()   
Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing

Limited Partnership

Reinstatement

Other

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: GRACE PROPERTY SOLUTIONS, LLC  
Ref. Number: W23000014307

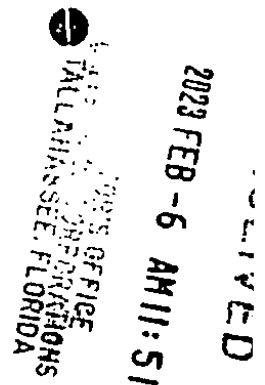
We have received your document for GRACE PROPERTY SOLUTIONS, LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 523A00002585



[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELTN Southern Properties, 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:

Jay Butler  
Name of Person  
Asset Protection Services of America  
Firm/Company  
701 South Carson Street, Suite #200  
Address  
Carson City, Nevada 89701  
City/State and Zip Code  
Admin@AssetProtectionServices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Butler at ( 775 ) 461-5255  
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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLTN Southern Properties, LLC

(Must end with 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:

7050 West Palmetto Park Road  
Suite #15-272  
Boca Raton, Florida 33433

7050 West Palmetto Park Road  
Suite #15-272  
Boca Raton, Florida 33433

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SECRETARY OF STATE  
TALLAHASSEE FL

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:

InCorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee

Florida

33470

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..*

Carlie Fecteau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Lea Modenos

7050 West Palmetto Park Road, Suite #15-272

Boca Raton, Florida 33433

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SECRETARY OF STATE  
TALLAHASSEE, FL

(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 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 li: the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
Signature  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.

Jay Butler, Organizer

\_\_\_\_\_  
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)