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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 : (718)408-2550 Fax Number

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

Email Address: ldunathan@dglegalteam.com

FLORIDA LIMITED LIABILITY CO.

Tiburon Boulevard LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DI	TIC:	F	1_	N _a	me:
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The name of the Limited Liability Company is:

Tiburon Boulevard 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:

Frincipal Office Address:	staning Address.
c/o Dunathan Goodale PC	c/o Dunathan Goodale PC
445 Griffing Avenue	445 Griffing Avenue.
Riverhead, NY 11901	Riverhead, NY 11901

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:

Levi Vogel		
-	Name	
9507 NW 38th Stree	et	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Coral Springs	FL	33065
City	State	7 in

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..

evi Vogel	
Registe	ered Agent's Signature (REQUIRED)
	(CONTINUED)
	Page 1 of 3

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SECRETARY OF STATE

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
'MGR" = Manager	Membership information is intentionally left blank		
			
			
Use attachment (finecessary)			

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Joseph Strauss, Authorized Person

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

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 Strauss, Authorized Person

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)

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

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