# La3000176515

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

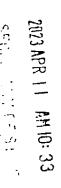
Office Use Only

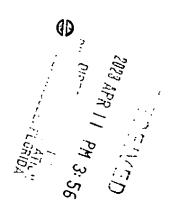


400405993484

S. CHATHAM

APR 1 2 2023





Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 665036 1 / AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: April 11, 2023 ORDER TIME : 10:50 AM ORDER NO. : 665036-005 CUSTOMER NO: 8900A DOMESTIC FILING NAME: 12 NE 12TH AVE HOLDINGS LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

## COVER LETTER

	New Filing Se Division of Co									
oun in o		h Ave Holdings	LLC							
SUBJEC	T:	N:	ame of Lin	nited Liabi	lity Company					
The enclo	sed Articles of	Organization an	d fec(s) are	e submitted	d for filing.					
Please ret	urn all corresp	ondence concern	ing this ma	itter to the	following:					
	Joseph M. E	Balocco, Jr.								
				Name of	Person					
	Balocco @	Abril, PLLC								
	Firm/Company									
	4332 E. Tradowinds Avenue									
	Address									
		By-The-Sea, FL	33308							
			Ci	ity/State ar	d Zip Code	= 11				
	shawn@gulft					· · · · · · · · · · · · · · · · · · ·				
	İ	E-mail address: (t	o be used	for future a	nnual report notificat	ion)				
For further	information co	ncerning this mat	ter, please	call;						
	Joseph M. Ba	ılocco, Jr.	95 at (		530-4731					
	Nam	e of Person		ea Code	Daytime Telephon					
Enclosed i	s a check for the	ne following amo	unt:							
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Status			Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailin	a Addroce			Street Address					

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

12 NE 12th Ave Hol	ain the words "Limited	Lightlity Company	W. I. C. Des W. I. C.D.	-	
(Musi cont	am me words Emmed	Liability Company	L.E.C., or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited	Liability Company is:		
Princip	al Office Address:		Mailing Address:		
1121 East Broward E		<u>}12</u>	1 East Broward Blvd.		
Fort Lauderdale, FL	33301	For	Lauderdale, FL 33301	-	
ARTICLE III - Registered Age	ent, Registered Office,	& Registered Age	nt's Signature:		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	ent, Registered Office, cannot serve as its own ctive Florida registratio	& Registered Age Registered Agent. n.)		2023 APR 1 1	
(The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registratio	& Registered Age Registered Agent. n.)	nt's Signature:	·: —	, , , ,
(The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registratio address of the registered	& Registered Age Registered Agent. n.)	nt's Signature:	·: —	) 
(The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registratio address of the registered	& Registered Age Registered Agent. in.) agent are:	nt's Signature:	·: —	) 
(The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered John J. Scherer	& Registered Age Registered Agent. in.) agent are: Name	nt's Signature: You must designate an individual or	2023 APR 11 AM 10: 33	j 
(The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered John J. Scherer	& Registered Age Registered Agent. in.) agent are: Name	nt's Signature: You must designate an individual or	I MH 10: 3	, em

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)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		2
MGR	John J. Scherer 1121 East Broward Blyd. Fort Lauderdale, FL 33301	2023 APR SEC: 1
MGR	William R. Derrer, Jr. 1121 East Broward Blvd. Fort Lauderdale, FL 33301	11 MH 10: 33
(Use attachment if necessary)		
If an effective date is listed, the date must be s he date of filing.)	te of filing:	lays prior to or 90 days after
REQUIRED SIGNATURE:		
This document is exect I am aware that any fals	tember or an authorized representative of a matter in accordance with section 605.0203 (1) (b), see information submitted in a document to the Deep felony as provided for in s.817.155, F.S.	. Florida Statutes.
John J. Scherer		

Typed or printed name of signce

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)