

**L23000190280**  
Florida Department of State  
Division of Corporations  
Electronic Filing Office

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000142374 3)))



H230001423743ABC-

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.  
Account Number : I20000000210  
Phone : (561)746-1002  
Fax Number : (561)775-0270

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

Email Address: eproenza@jhrjpa.com

RECEIVED

2023 APR 17 AM 10:33

**FLORIDA LIMITED LIABILITY CO.**  
**Vaughn Michael Holdings LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 APR 17 AM 10:08

FILED

((H23000142374 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vaughn Michael Holdings LLC

(Must contain 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:

700 S Rosemary Ave. Suite 204  
West Palm Beach, FL 33401

Mailing Address:

700 S Rosemary Ave. Suite 204  
West Palm Beach, FL 33401

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:

Jeck, Harris, Raynor & Jones, P.A.

Name

790 Juno Ocean Walk, Suite 600

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

Juno Beach

FL

33408

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..*

DocuSigned by:

Edward A. Proenza

7A53DDFCB37E497 Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H23000142374 3)))

((H23000142374 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Mark Sarnoff

700 S Rosemary Ave. Suite 204

West Palm Beach, FL 33401

(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 after 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 listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

DocuSigned by:

Edward A. Proenza

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.

Edward Proenza as Authorized Representative of Member

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)

((H23000142374 3)))