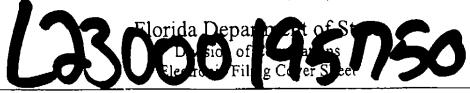
4/15/23, 11:38 AM

Division of Corporations



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.

(((H23000146023 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: KATZ BASKIES & WOLF PLLC Account Name

Account Number : I20080000071 Phone

: (561)910-5700

Fax Number

: (561)910-5701

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

FLORIDA LIMITED LIABILITY CO. 280 E Palmetto Park Road LLC

5

Certificate of Status	0
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H23000146023 3

COVER LETTER

	New Fliing Section Division of Corpor	ations				
orin rec		Park Road LLC				
SUBJEC	· li	Name o	f Limited I	iability Cor	mpany	
The encl	osed Articles of Org	anization and fee(s) are subn	nitted for fil	ing.	
Please re	tum all corresponde	nce concerning th	is matter to	the followi	ng:	
	Thomas O Katz					
			Na	me of Person	n	
	Katz Baskies & 1	Volf PLLC				
			Fir	m/Company	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	3020 North Milit	ary Trail Suite 10	0			
				Address	_	
	Boca Raton, FL	33431				
	thomas.katz@katz	baskies.com	City/\$t	ate and Zip	Code	·
	P-ma	il address: (10 be	used for fu	ture annual	report notificati	ion)
Por further	information concer	ning this matter, p	lease call:			
	Thomas O. Katz	a	561 t (910	-5700	
	Name of		Area Co	ode Da	ytime Telephon	e Number
Enclosed	is a check for the fo	llowing amount:				
_	00 Filing Fee	\$130.00 Filing Fe ertificate of Statu	s C	D\$155.00 F Certified Cop litional copy		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6	Section Corporations		New F The C 2415 I	Address Filing Section Dientre of Tallahi N. Monroe Stre	assee et, Suite 810

H23000146023 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I he name of the Limited Li	ability Company is:		
280 E Palmetto	Park Road LLC		
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited	Liability Company is:
Pr	ncipal Office Address:		Mailing Address:
1511 Bastern A	rensee	1631	Postare Augus
** * * * * * * * * * * * * * * * * * *	* CII GC	1311	Eastern Avenue
Baltimore, MD ARTICLE III - Registeres	21231 Agent, Registered Office	Balti	more, MD 21231
ARTICLE III - Registered The Limited Liability Communication of the surface of th	21231 Agent, Registered Office	& Registered Ager n Registered Agent. ' on.)	imore, MD 21231
Baltimore, MD ARTICLE III - Registered The Limited Liability Contanother business entity with	21231 1 Agent, Registered Office pany cannot serve as its own han active Florida registrati	& Registered Ager n Registered Agent. on.) d agent are:	more, MD 21231
Baltimore, MD ARTICLE III - Registered (The Limited Liability Comanother business entity with	21231 Agent, Registered Office pany cannot serve as its own han active Florida registration and the registered address of the registered.	& Registered Ager n Registered Agent. ' on.)	more, MD 21231
Baltimore, MD ARTICLE III - Registered (The Limited Liability Comanother business entity with	21231 Agent, Registered Office pany cannot serve as its own han active Florida registration and the registered address of the registered.	& Registered Ager n Registered Agent. Von.) d agent are:	more, MD 21231
Baltimore, MD ARTICLE III - Registered (The Limited Liability Comanother business entity with	21231 Agent, Registered Office pany cannot serve as its own han active Florida registration treet address of the registere Thomas O. Katz 3020 North Military	& Registered Ager n Registered Agent. Von.) d agent are:	imore, MD 21231 nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	21231 Agent, Registered Office pany cannot serve as its own han active Florida registration treet address of the registere Thomas O. Katz 3020 North Military	& Registered Agern Registered Agent. on.) d agent are: Name Trail Suite 100	imore, MD 21231 nt's Signature: You must designate an individual or

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 REQUIRE

(CONTINUED)

H23000146023 3

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Brandon Chasen 1511 Eastern Ayenue Baltimore, MD 21231
MGR	Paul Davis 1511 Bastern Avenue Baltimore, MD 21231
(Use attachment if necessary)	
If an effective date is listed, the date must he date of filing.) <u>Note:</u> If the date inserted in this block doe	the date of filing:
if an effective date is listed, the date must he date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as
if an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block doe the document's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as
If an effective date is listed, the date must he date of filing.) Note: If the date inserted in this block doe he document's effective date on the Depar RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as

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)