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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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S. CHATHAM APR 21 2023



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CORPORATE ACCESS, _____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		•	VILLIA III		
	PICK	UP:	MISTY 4/20		
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS			. <u></u>	
XX	FILING	LLC			
1.	EJF2 LLC (CORPORATE NAME AND DOCUM	IENT H)			
2.	CORPORATE NAME AND DOCUM	IENT#)			
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3.	(CORPORATE NAME AND DOCUM	ENT#)			
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SPECIAI INSTRU	L CTIONS:				
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COVER LETTER

	Filing Section ion of Corporations		
SUBJECT: E			
	Name of L	imited Liability Company	
The enclosed A	Articles of Organization and fee(s)	are submitted for filing.	
Please return al	Il correspondence concerning this r	matter to the following:	
_		Name of Person	
		Firm/Company	
	· · · · · · · · · · · · · · · · · · ·		
		Address	
 ed@	ejf2llc.com	City/State and Zip Code	
		ed for future annual report notificat	ion)
For further inform	mation concerning this matter, plea	se call:	
	at (at)	
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a ch	heck for the following amount:		
□\$125.00 Filin	ng Fee \$\Bigcup\$130.00 Filing Fee & Certificate of Status	& \$\Bigcup\$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	Street Address	
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	issee
	P.O. Box 6327	2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L							
EJF2 LLC							
(Mus	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:				n) 	2023		
The mailing address and so	reet address of the principal	office of the Limited I	iability Company is:	7.3.27	23 k		
<u>Pr</u>	incipal Office Address:		Mailing Address:		APR 2		
CB1 C C.	od Carre	2012	C4	"			
5815 Stonewoo	o Court	<u></u>	Stonewood Court	ار ب _{ه ۲} ۰۰۲	\Box		
Jupiter, FL 334			r. FL 33458				
ARTICLE III - Registere (The Limited Liability Con	d Agent, Registered Office	Jupite & Registered Agent Registered Agent	r. FL 33458	tual or	0 PH 12: 02		
ARTICLE III - Registere (The Limited Liability Con another business entity wit	58 d Agent, Registered Office	Jupite & Registered Agent n Registered Agent Yound	r. FL 33458	bual or (7)	PH 12: 0		
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office apany cannot serve as its ow h an active Florida registrati	Jupite & Registered Agent n Registered Agent Yound	r. FL 33458	bual or (7)	PH 12: 0		
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ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office apany cannot serve as its ow han active Florida registration at the registere Edward Fasano 5815 Stonewood Co	Jupite & Registered Agent n Registered Agent. You on.) d agent are:	r. FL 33458 's Signature: ou must designate an individ	hual or	PH 12: 0		
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office apany cannot serve as its ow han active Florida registration at the registere Edward Fasano 5815 Stonewood Co	Jupite & Registered Agent n Registered Agent. Young on.) d agent are: Name	r. FL 33458 's Signature: ou must designate an individ	tual or	PH 12: 0		

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	2023 APR
AMBR	Edward Fasano 5815 Stonewood Court Jupiter, FL 33458	1 20 PM I2: 02
	. 17	2
(Use attachment if necessary) CLE V: Effective date, if other than the d	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at	fter
te of filing.) If the date inserted in this block does no current's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be liste ent of State's records.	ed a
te of filing.) If the date inserted in this block does no current's effective date on the Department CLE VI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.	ed a
te of filing.) If the date inserted in this block does not be current's effective date on the Department's environment's effective date on the Department's environment is explained by the Department is ex	of meet the applicable statutory filing requirements, this date will not be liste ent of State's records.	ed a

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)