

4/27/23, 2:49 PM

Division of Corporations

L23000210055

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((H23000157850 3)))



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

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Email Address: RRAO@FLCPAS.COM

RECEIVED
2023 APR 27 PM 4:16
CORPORATIONS
SPECIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
17688 Northlake Grove Drive LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
27 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000157850

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

17688 Northlake Grove Drive 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:

Principal Office Address:

Mailing Address:

3956 Town Center Blvd, Suite 516
Orlando, FL 32837

3956 Town Center Blvd, Suite 516
Orlando, FL 32837

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:

Jonathan Cooper
Name

4278 Brookmyra Drive
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32837
City 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..

Jon Cooper

Registered Agent's Signature (REQUIRED)

Jonathan Cooper

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

Jonathan Cooper
4278 Brookmyra Drive
Orlando, FL 32837

AMBR

Robert Cooper
4278 Brookmyra Drive
Orlando, FL 32837

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jon Cooper

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jonathan Cooper
Typed or printed name of signee