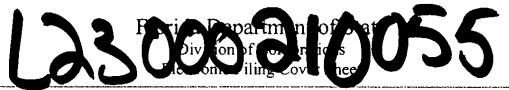
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Division of Corporations



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Division of Corporations

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Email Address: ___RRAO@FLCPAS.COM

FLORIDA LIMITED LIABILITY CO. 17688 Northlake Grove Drive LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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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
Orlando, FL 32837
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	
Nam	ne
4278 Brookmyra Drive	
Florida street address (P.O. Bo	ox <u>NOT</u> 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.

Jou Cooper

Registered Agent's Signature (REQUIRED)

Jonathan Cooper

(CONTINUED)

Page 1 of 2

. . .

H23000157850

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Jonathan Cooper
	4278 Brookmyra Drive Orlando, FL 32837
AMBR	Robert Cooper
	4278 Brookmyra Drive Orlando, FL 32837
	Change, 1 C 32037
 	
(Use attachment if necessary)	
EV: Effective date, if other than the ective date is listed, the date must he	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ective date is listed, the date must lof filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E. V: Effective date, if other than the ective date is listed, the date must he filling.) E. VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the ective date is listed, the date must he filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any fails.)	Jou Cooper a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
E.V: Effective date, if other than the ective date is listed, the date must had filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any fails.)	Jou Cooper a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Itse information submitted in a document to the Department of State