# 13000213308

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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\*FLORIDA CAPITAL COURIER SERVICES\*\* INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_

	ount: I20210000160 <b>\$ \$125.00</b>		
Authorization Signature:	Jatub		
232 Bilbao Street LLC	Decument #		
Business Name	Document #		
Certified Copy of articles Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Corp	Amendment		
Not For Profit	Statement of Fact		
X_Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent		
Domestication	Revocation of Dissolution		
Other	Merger		
CORP	Conversion		
LLLP	Amended and restated ArticlesStatement of Authority		
OTHER FILINGS	REGISTRATION/QUALIFICATIONS		
Annual Report	Foreign filing		
Fictitious Name	Limited Partnership Reinstatement		
APOSTILLE	Other		
Country			



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: 232 BILBAO STREET, LLC

Ref. Number: W23000061948

SECRETARY OF STATE TALLAPASSEE, FL

We have received your document for 232 BILBAO STREET, LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

FALLAHASSEE, FLOS

Letter Number: 223A00009591

XECE! VED

### COVER LETTER

232 Bilbao Street, LLC	
SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James J Hurchalla Esquire	
Name of Person	_
James J Hurchalla & Associates PA	
Firm/Company	
1700 E Las Olas Blvd., Suite 206	
Address	
Fort Lauderdale, FL 3330?	
City/State and Zip Code	
jhurch@jjhpa.com	_
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
James Hurchalia 954 462-6776	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee    Certificate of Status    Certificate of Status    Certificate of Status    (additional copy is enclosed)    Certificate of Statu    Certificate of Sta	s &

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company is:			
232 Bilbao	Street, LLC			
	Must contain the words "Limited I	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Addres The mailing address an	ss: d street address of the principal o	ffice of the Lir	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
232 Bilbao Street			232 Bilbao Street	
Royal Palm	Royal Palm Beach, FL 33411		Royal Palm Beach, FL 33411	
(The Limited Liability of another business entity	ered Agent, Registered Office, of Company cannot serve as its own with an active Florida registration da street address of the registered	Registered Ag n.)	ent. You must designate an individual or	
	James J. Hurchalla, E.	squire		
		Name	<del></del>	
	1700 E Las Olas Blvd	., Suite 206		
	Florida street address	(P.O. Box NO	OT acceptable)	
	Fort Lauderdale	FL	33301	
	City	State	Zin .	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Mary Delcid 232 Bilbao Street Royal Palm Beach, FL 33411 MGR 14824 22nd Road N Loxahatchee, FL 33470 MGR Sarah Feinstein 1071 Robert Elder Court Cedar Hill, TN 37032 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 04/28/2023 . (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:

This is a Manager Managed limited liability company.

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.

James J Hurchalla, Esquire

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)

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