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.

(((H23000191561 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corporate @ Comiter singer. Com

FLORIDA LIMITED LIABILITY CO. FCS Estate, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Help

Electronic Filing Menu Corporate Filing Menu

H83000191561 3

COVER LETTER

TO;	New Filing Se Division of Co						
SUBJE	FCS Estat	c, LLC					
SUBJE	.c.;	Name o	f Limited Liabi	lity Company		-	
The en	closed Articles of	f Organization and fee(s) are submitted	for filing.			
		ondence concerning th					
	Andrew R.	Comiter					
			Name of	Person			
	Comiter, Sir	nger, Baseman & Hrau	n, LLP				
			Firm/Co	ompany	;		
	3825 PGA I	Blvd., Suite 701					
			Addı	ess		··	
	Palm Beach	Gardens, FL 33410					
	compate@co	nmitersinger.com	City/State an	d Zip Codc	·		
		E-mail address: (to be	used for future a	unnual report notificat	ion)		
For furth	er information co	ncerning this matter, p	lease call:				
	Andrew Con		561 t (626-2101			
	Nam	ne of Person	Area Code	Daytime Telephon	e Number		
Enclose	d is a check for t	he following amount:					
□\$125	.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of MAY AND	T
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, Ft. 3230	assee et, Suite 810	PH 1: 18 OF STATE SEE, FL	O

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
FCS Estate, LLC			
(Must conta	in the words "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Li	mited Liability Company is:
<u>Princips</u>	Office Address:		Mailing Address:
3825 PGA Blvd., Suit	tc 701		3825 PGA Blvd., Suite 701
Palm Beach Gardens,		_	Palm Beach Gardens, FL 33410
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	gistered A	Agent's Signature: gent. You must designate an individual or
The name and the Florida street a	ddress of the registered ag	ent are:	
	Comitor, Singer, Basem	an & Brau	n, LLP
		ame	
	3825 PGA Blvd., Suite	701	
	Florida street address (F		OT acceptable)
	Palm Beach Gardens	FL	33410
	City	State	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, E.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

Title: "AMBR" - Authorized Membe "MGR" = Manager	Name and Address:
 -	
ffective date is listed, the date mo e of filing.) If the date inserted in this block d	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than frective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Department's contact of the provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
LE V: Effective date, if other than flective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
LE V: Effective date, if other than flective date is listed, the date me of filing.) If the date inserted in this block doment's effective date on the Department's effective date on the Department's date on the Department's Signature. Signature This document I am aware that	e of a member or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date me e of filing.) If the date inserted in this block downent's effective date on the Department's effective date on the Department's effective date on the Department's date on the Department's Signature of the Department of the	e of a member or an authorized representative of a member.