0267-620

(Reques	tor's Name)
(Address	s)
(Address	5)
(City/Sta	ste/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	is Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Of	ficer:
W2300	0077553

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CORPORATE ACCESS, _____

When you need ACCESS to the world

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						
		PICK	UP:	Cat 6/1			
2	XX	CERTIFIED COPY PHOTOCOPY CUS					
	XX	FILING	LLC				
1.		1153 DAKOTA DR, LLO	C 1ENT #)				
2.							
		(CORPORATE NAME AND DOCUM	(IENT #)				
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		(CORPORATE NAME AND DOCUM	AENT #)				
SPEC		I. JCTIONS:					<u> </u>
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COVER LETTER

то:	New Filing Sec Division of Cor						
SUBJE		ta Dr, LLC					
SOBJE	C1,	Name of Limited Liability Company					
The enc	losed Articles of	Organization and fee(s) are	submitted	for filing.			
Please re	eturn all correspo	ondence concerning this ma	tter to the	following:			
	M. Chris Ed	wards					
	·		Name of	Person			
	M. Chris Ed	wards, P.A.					
			Firm/Co	mpany			
		y Trail, Suite 200					
			Addr	ess			
	Jupiter, FL 3	3458					
	mcepalaw@a		ty/State an	d Zip Code			
		E-mail address: (to be used	for future a	innual report notificati	on)		
For furthe	r information co	ncerning this matter, please	call:				
	Chris Edward	ls 56 at (743-0480			
		ea Code	Daytime Telephone Number				
Enclose	d is a check for t	he following amount:					
≣\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	assee et, Suite 810		
	iallah	assee, FL 32314		Tallahassee, FL 3230	J		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

1153 Dakota Dr. Ll			
(Must con	itain the words "Limited Liab	bility Company, '	"L.L.C.," or "LLC.")
RTICLE II - Address:			
mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1153 Dakota Drive		1153	Dakota Drive
Jupiter, FL 33458		Jupiter, FL 33458	
TICLE III - Registered Age Limited Liability Compan	y cannot serve as its own Re	Registered Agen	
CTICLE III - Registered Ag	y cannot serve as its own Reactive Florida registration.)	Registered Agen	it's Signature:
CTICLE III - Registered Age Limited Liability Companother business entity with an	y cannot serve as its own Reactive Florida registration.)	Registered Agen	it's Signature:
CTICLE III - Registered Age Limited Liability Companother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ago M. Chris Edwards	Registered Agen	it's Signature:
CTICLE III - Registered Age Limited Liability Companother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ago M. Chris Edwards	Registered Agent Sgistered Age	it's Signature:
CTICLE III - Registered Age Limited Liability Companother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag M. Chris Edwards N	Registered Agent gistered Agent. Yent are:	nt's Signature: You must designate an individ
CTICLE III - Registered Age Limited Liability Companother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag M. Chris Edwards N 4425 Military Trail, Suit	Registered Agent gistered Agent. Yent are:	nt's Signature: You must designate an individ

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)

Kegistered Agent's Signature (REQUIRED)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jonathan Scurry
	1153 Dakota Drive
	Jupiter, FL 33458
MGR	John Hill
	1153 Dakota Drive Jupiter, FL 33458
	Juditer. FL 33438
(Use attachment if necessary)	or of films. (OPTIONAL)
(If an effective date is listed, the date must be	ate of filing: (OPTIONAL) 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 the document's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed as
•	in of State 5 records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1
\sim	1 Am
	member or an authorized representative of a member.
This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa constitutes a third deg	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
M Chris Fdwa	rds as Authorized Representative
in Chris Edwa	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)

2023 JUNI - MINO. 4