

L23000288894

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000215207 3)))



H230002152073ABOW

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 : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. 470-530 E. MCNAB ROAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 JUN 15 PM 12:21

CORPORATIONS
COMMERCIAL
SERVICES

2023 JUN 15 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

CR

(((H230002152073)))

DocuSign Envelope ID: 45DB346C-25E2-49B9-BFF4-E55DA8DD42F7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

470-530 E. MCNAB ROAD, LLC

(Must contain 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:5122 SE Lisbon Circle
Stuart, FL 34997**Mailing Address:**5122 SE Lisbon Circle
Stuart, FL 34997**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:

Connor Woodward

Name

5122 SE Lisbon CircleFlorida street address (P.O. Box **NOT** acceptable)StuartFL34997

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 F.S.

DocuSigned by:

Connor Woodward

57F8C5810E26466

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 15 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(((H230002152073)))

(((H230002152073)))