

Electronic Filing Cover Sheet

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(((H23000215207 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

: (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

Electronic Filing Menu

Corporate Filing Menu

(((H230002152073)))

Doc

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
470-530 E. MCNAB ROAD, LLC	
*	111
(Must contain the words "Limited Liab ARTICLE II - Address: The mailing address and street address of the principal office	
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:  Mailing Address:
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	e of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:  5122 SE Lisbon Circle	e of the Limited Liability Company is:  Mailing Address:  5122 SE Lisbon Circle
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:  5122 SE Lisbon Circle	e of the Limited Liability Company is:  Mailing Address:  5122 SE Lisbon Circle Stuart, FL 34997

The name and the Florida street address of the registered agent are:

Connor Woodward	<u> </u>	
	Name	
5122 SE Lisbon Ci	rele	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	ceptable)
Stuart	FL	34997
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.

87FDCS810E28488Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H230002152073)))

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

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
MGR	Woodward Properties Florida, Inc.
	5122 SE Lisbon Circle
	Stuart. FL 34997
	•
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL)
LEV: Effective date, if other than	n the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business days prior to or 90 da
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)