# 123000301524

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<del></del>		
Title Partners West F	Palm Beach, LLC	
Please Debit FCA0000	000003 For: 125	
Trease Deut reason	000003 FOL. 123	
Thank you Seth Neel	ey	
STON		Art of Inc. File
		LTD Parmership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Arr, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1		Officer Seurch
A (A)		Fictitions Search
Signature		Fictitious Owner Search
		Vehicle Search
	<b></b>	Driving Record
Requested by: SETH	06/23/2023	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

### COVER LETTER

	New Filing Se Division of Co					
SUBJEC		ners West Palm B	each, LLC			
(AODSEC)	· · · ·	Ni	ime of Lin	nited Liabil	ity Company	<del></del>
The encle	osed Articles o	f Organization an	d fee(s) are	e submitted	for filing.	
Please ret	turn all corresp	ondence concern	ing this ma	itter to the i	ollowing:	
	Patrick Wh	aley				
				Name of	Person	
				Firm/Co	mpany	
	1663 S Con	gress Ave				
				Addr	ess	
	West Palm	Beach, FL 33406				
	patrick@title	partnersfl.com	C	ity/State an	d Zip Code	
		E-mail address: (	to be used	for future a	nnual report notificat	ion)
For further	information co	oncerning this ma	tter, please	call:		
	Patrick Wha	ley	30 at (	-	364-8500	
	Nan	ne of Person		rea Code	Daytime Telephor	ne Number
Enclosed	is a check for t	he following amo	ount:			
<b>■</b> \$125.0	0 Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	34 111	6.11			S	(A)

### 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



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabil	ity Company is:			
Title Partners West				
(Must con	tain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Lin	nited Liability Company is:	
Princip	nal Office Address:		Mailing Address:	
1663 S Congress Av West Palm Beach, F			1663 S Congress Ave West Palm Beach, FL 33406	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agon.)	Agent's Signature: ent. You must designate an individual or	
	Carman Law Firm, I	) A		
	Currian Cas v mile v	Name		
	5301 N. Federal Hig	hway		
	Florida street addres		OT acceptable)	
	Boca Raton	FL	33487	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	r, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as reg elating to the pr as registered as Deboral	or the above stated limited liability company at the istered agent and agree to act in this capacity. It open and complete performance of my duties, and gent as provided for in Chapter 605, F.S., as by:  L. L. LAYMAN.  REQUIRED)	1
		(CONTINU	ED)	



### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Patrick Whaley
No.	1663 S Congress Ave
	West Palm Beach, FL 33406
	<del></del>
AMBR	Morton Manassaram
	1663 S Congress Ave
	West Palm Beach, Ft. 33406
WOD	Inmed Alment
AMBR	Ismarl Alvarez 1663 S Congress Ave
	West Palm Beach, FL 33406
	West Faint Beach, FL 55400
<del></del>	
(Use attachment if necessary)  FICLE V: Effective date, if other than the dat	re of filing:
FICLE V: Effective date, if other than the dat in effective date is listed, the date must be speated of filing.)	te of filing:
FICLE V: Effective date, if other than the dat in effective date is listed, the date must be state of filing.)  te: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
FICLE V: Effective date, if other than the date in effective date is listed, the date must be specified of filing.)  te: If the date inserted in this block does not document's effective date on the Department of CICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as
FICLE V: Effective date, if other than the date in effective date is listed, the date must be specified of filing.)  te: If the date inserted in this block does not document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed as
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FICLE V: Effective date, if other than the date in effective date is listed, the date must be specificate of filing.)  te: If the date inserted in this block does not document's effective date on the Department of TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic date of the date of the document is exect an aware that any false.	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.  Docusioned by:  The War are are a supported to the Department of State see information submitted in a document to the Department of State

## 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)

