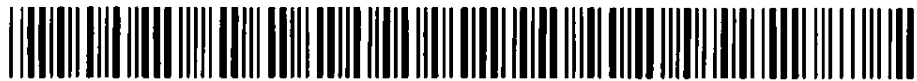


Florida Department of State
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230002248353ABC\$

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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: _____

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CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 85 Englewood Blvd LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 JUN 23 PM 12:45
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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Q

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

85 Englewood Blvd 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:Mailing Address:2113 SW Vista Road
Port St. Lucie, FL 349532113 SW Vista Road
Port St. Lucie, FL 34953

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:

Maurice Reid

Name

2113 SW Vista RoadFlorida street address (P.O. Box **NOT** acceptable)Port St. LucieFL34953

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE

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