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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 JUL -5 PM 10:49
FALLS CHURCH, VA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CORE South Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larrie M. Lovett II.
Name of Person
CORE South Florida, LLC
Firm/Company
13181 NW 11th Place
Address
Sunrise, Florida 33323
City/State and Zip Code
llovett02@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larrie M. Lovett II. 954 830-0862
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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 I - Name:

The name of the Limited Liability Company is:

CORE South Florida, 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:

3810 NEWPORT AVENUE

3810 NEWPORT AVENUE

BOYNTON BEACH, FLORIDA 33436

BOYNTON BEACH, FLORIDA 33436

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:

SONJIA PHILPART

Name

3810 NEWPORT AVENUE

Florida street address (P.O. Box **NOT** acceptable)

BOYNTON BEACH

FLORIDA

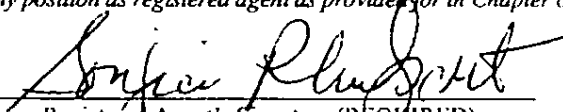
33436

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)

2023 JUN -5 PM 10:45
CALL, CH. FROM

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

SONJIA PHILPART
3810 NEWPORT AVENUE
BOYNTON BEACH, FLORIDA 33436

MGR _____

ANDREA P. LOVETT
13181 NW 11th PLACE
SUNRISE, FLORIDA 33323

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NA (OPTIONAL)

(If an effective date is listed, the date must be 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

NA

REQUIRED SIGNATURE:

Andrea P. Lovett

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANDREA P. LOVETT

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)

FILED JUL 10 2023

2023 JUL -5 PM 10:49