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Division of Corporations

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

SECRET INVESTIGATIVE
FALLAHASSIE, FLA.

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2023 JUL 24 PM 4:06

FLORIDA LIMITED LIABILITY CO.

515 SE CENTRAL PKWY, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

515 SE CENTRAL PKWY, LLC

(Must end with 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:

515 SE Central Pkwy
Stuart, FL 34994

Mailing Address:

899 SW LOST River Shores Dr.
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:

AGENTS AND CORPORATIONS, INC.

Name

539 FIFTH AVENUE SOUTH SUITE 330
Florida street address (P.O. Box NO acceptable)

NAPLES FL 34102
City 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.

Agents and Corporations, Inc.

By: John L. Williams
Registered Agent's Signature (Required)
John L. Williams, President

23 JUL 24 2023
SECY: JMW
TALLAHASSEE
FL

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(CONTINUED)

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-Hollie Philippson
899 SW Lost River Shores
Dr.
Stuart, FL 34997*

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

ARTICLE VI: Other provisions, if any.

23 JUL 24 AM 10:42
SIC: 7211
FALL RIVER, FLA.
FALL RIVER, FLA.

REQUIRED SIGNATURE: *Hollie Philippson*

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
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.)

Hollie Philippson

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)