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PICK-UP WAIT MAIL
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COVER LETTER

	New Filing Se Division of Co				
SUBJEC		son Bluff Road LLC -	FI.		
SOUTE	1	Name o	f Limited	Liability Company	
The encle	sed Articles o	f Organization and fee	s) are sub	mitted for filing.	
Please ret	urn all corresp	ondence concerning th	is matter t	o the following:	
	William Pa	ge III			
			Na	ame of Person	
	Page Proper	ty Management			
			Fi	rm/Company	
	1507 West I	37th Place			
	- 18*- 1*-1 			Address	<u> </u>
	Los Angeles	s, CA 90018			
			City/St	tate and Zip Code	*
		mgt@gmail.com	1 C C		
				uture annual report notifica	ition)
For further	information co	oncerning this matter, p	lease call:		
	William Pag		916 t (459-0433	
	Nan	ne of Person	Area C		
Enclosed	is a check for t	the following amount:			
□\$125.0	0 Filing Fee	Certificate of Status	; (□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	■\$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 Liabili	ity Company is:			
2115 Jackson Bluff (Must con	Road LLC - FL tain the words "Limited L	iability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Lir	nited Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
1507 West 37th Place	ce Los Angeles, CA 9001	8	1507 West 37th Place LA, CA 90	018
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registratio	Registered Ayn.) agent are:	Agent's Signature: cent. You must designate an individ	lual o r
	7901 4th St. N Ste 30	00		
	Florida street addres		OT acceptable)	
	St. Petersburg	Florida	33702	
	City	State	Zip	
place designated in this certificate	te, I herchy accept the app provisions of all statutes r obligations of my position	ointment as re elating to the p as registered	for the above stated limited liability gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 60 Signature (REQUIRED)	f my duties, and l

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Pauline Lee
	1507 West 37th Place Los Angeles, CA 90018
	LOS ATIRETES. CA 90018
MGR	William Page III
	1507 West 37th Place Los Angeles, CA 90018
	Los Angeles, CA 90018
(Use attachment if necessary)	
(5.50 4.11.5.11.11.11.11.11.11.11.11.11.11.11.1	
document's effective date on the Department of t	oes not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
REQUIRED SIGNATURE:	Wollempez
Signature	of a member or an authorized representative of a member.
This document i	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.
	William Page III
	Typed or printed name of signee
	20
\$125.00 Filing Fee for Article	Filing Fees: es of Organization and Designation of Registered Agent ional)
\$ 30.00 Certified Copy (Opti	ional)
\$ 5.00 Certificate of Status	