

L23000375080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

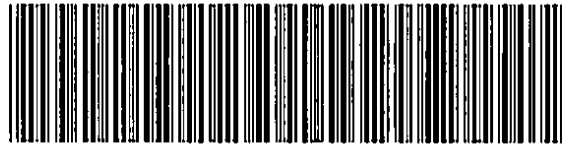
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DIRECTOR'S OFFICE  
H. J. W. CORPORATION  
TALLAHASSEE, FLORIDA 32301  
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# CAPITAL CONNECTION, INC.

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

1911 SW 100 TERRACE LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. 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 \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
1911 SW 100 TERRACE LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of this limited liability company shall be

**1911 SW 100 TERRACE LLC**

**ARTICLE II – BUSINESS PURPOSE**

The Company shall be authorized to transact any lawful business in the State of Florida or in the United States, including, but not limited to operation of a real estate investment business.

**ARTICLE III – PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the limited liability company shall be 11000 SW 57<sup>th</sup> Street, Davie, Florida 33328.

**ARTICLE IV – REGISTERED OFFICE**

The initial registered office of this limited liability company is 10081 Pines Blvd., Ste. C, Pembroke Pines, Florida 33024 The initial registered agent at that address is Arnold M. Straus, Jr.

**ARTICLE V - MANAGEMENT**

The limited liability company shall be manager-managed. There shall always be two managers. The name and address of each person authorized to manage and control the Limited Liability Company are:


<u>Title</u>	<u>Name and Address</u>
Manager	CHARLES E. DAVIS, JR. 11000 SW 57 <sup>th</sup> Street Davie, Florida 33328
Manager	JANET L. DAVIS 11000 SW 57 <sup>th</sup> Street Davie, Florida 33328

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## ARTICLE VI - EFFECTIVE DATE

This limited liability company shall commence its existence as of the filing of these Articles of Organization, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 4<sup>th</sup> of August 2023.

  
\_\_\_\_\_  
CHARLES E. DAVIS, JR., MANAGER

  
\_\_\_\_\_  
JANET L. DAVIS, MANAGER

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of section 605, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST – The name of the limited liability company is

1911 SW 100 TERRACE LLC

SECOND – The name and address of the registered agent and office is:

ARNOLD M. STRAUS, JR.  
10081 PINES BLVD., STE. C  
PEMBROKE PINES, FLORIDA 33024

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 provision 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.

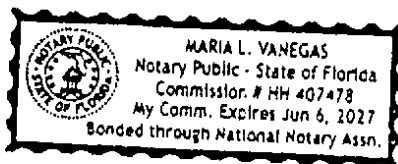
Dated as of this 3 day of August, 2023.

  
\_\_\_\_\_  
ARNOLD M. STRAUS, JR.

STATE OF FLORIDA       )  
  SS:  
COUNTY OF BROWARD   )

The foregoing instrument was acknowledged before me this 3 day of August, 2023, by means of physical presence by Arnold M. Straus, Jr., Esq., who is personally known to me or who produced driver's license as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida  
My Commission Expires:



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