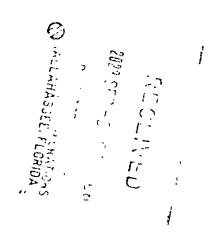
## L23000414031

	(Requestor's Name)
	(Address)
	(Address)
	(
	(City/State/Zip/Phone #)
	(City/State/2ip/Priorie #)
PICK-UP	WAIT MAIL
<b></b>	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
L	

Office Use Only



000415230360



27.5

## FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/06/2023

NAME: 444 KERN STREET, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	* 1.42	
444 Kern Street (Mi)	SLCC st contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
(1410	at contain the rotal lands the	, , , , , , , , , , , , , , , , , , , ,
ARTICLE H - Address: The mailing address and	treet address of the principal office	of the Limited Liability Company is:
<u> </u>	rincipal Office Address:	Mailing Address:
444 Kern Street		6830 North Federal Highway
West Palm Beac	h, FL 33405	Boca Raton, FL 33487
	<u> </u>	
(The Limited Liability Co another business entity w	ith an active Florida registration.) street address of the registered ago	egistered Agent's Signature: istered Agent. You must designate an individual or nt are:
(The Limited Liability Co another business entity w	impany cannot serve as its own Regith an active Florida registration.)  street address of the registered age  The Property of the registered agents and the Property of the Pr	istered Agent. You must designate an individual or
(The Limited Liability Co another business entity w	impany cannot serve as its own Regith an active Florida registration.)  street address of the registered ago  The Property Na	istered Agent. You must designate an individual or nt are:
(The Limited Liability Co another business entity w	mpany cannot serve as its own Regith an active Florida registration.)  street address of the registered age  The Pro Na  6830 No	istered Agent. You must designate an individual or nt are:  esser Law Firm, P.A. me
(The Limited Liability Co another business entity w	mpany cannot serve as its own Regith an active Florida registration.)  street address of the registered age  The Pro-Na  6830 No  Florida street address (P.	istered Agent. You must designate an individual or int are:  esser Law Firm, P.A.  me  orth Federal Highway
(The Limited Liability Co another business entity w	mpany cannot serve as its own Regith an active Florida registration.)  street address of the registered age  The Pro-Na  6830 No  Florida street address (P.	istered Agent. You must designate an individual or nt are:  esser Law Firm, P.A.  me orth Federal Highway  O. Box NOT acceptable)

(CONTINUED)

ARTICLE IV-

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

And the state of the state of filing (OPTIONAL)  See attachment if necessary)  V: Effective date, if other than the date of filing (OPTIONAL)  five date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Cassidy D'Andrea, 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  \$30.00 Certifical Copy (Optional)  \$30.00 Certificat Copy (Optional)	<u>litle:</u> AMBR" = Authorized Member		
See attachment if necessary    V: Effective date, if other than the date of filing:	MGR" = Manager		
See attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIO	MGR	Mark Stampini	
See attachment if necessary)  V: Effective date, if other than the date of filing:	<del></del>	6830 North Federal Highway, Boca Raton FL 33487	
See attachment if necessary)  V: Effective date, if other than the date of filing:			
See attachment if necessary)  V: Effective date, if other than the date of filing:			
See attachment if necessary)  V: Effective date, if other than the date of filing:	AGR		
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 short degree felony as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Son Certificated Status (Optional)		6830 North Federal Highway, Boca Raton FL 33487	
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 short degree felony as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Son Certificated Status (Optional)			
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 short degree felony as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Son Certificated Status (Optional)			
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statues, 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  Signation of Registered Agent  \$ 30.00 Certified Copy (Optional)			
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 (some fellow) as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of Articles of Organization and Designation of Registered Agent  Signature of a member of the control of the partment of State (some fellow) and the partment of State (some fellow) and the partment of State (some fellow) and fellow fellow fellow fellow).  Filing Fees:  Signature of a member of 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of a member of an authorized representative  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:			
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 (some fellow) as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of Articles of Organization and Designation of Registered Agent  Signature of a member of the control of the partment of State (some fellow) and the partment of State (some fellow) and the partment of State (some fellow) and fellow fellow fellow fellow).  Filing Fees:  Signature of a member of 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of a member of an authorized representative  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:			
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 (some fellow) as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of Articles of Organization and Designation of Registered Agent  Signature of a member of the control of the partment of State (some fellow) and the partment of State (some fellow) and the partment of State (some fellow) and fellow fellow fellow fellow).  Filing Fees:  Signature of a member of 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of a member of an authorized representative  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:			
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 (some fellow) as provided for in s.817.155, F.S.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of Articles of Organization and Designation of Registered Agent  Signature of a member of the control of the partment of State (some fellow) and the partment of State (some fellow) and the partment of State (some fellow) and fellow fellow fellow fellow).  Filing Fees:  Signature of a member of 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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Signature of a member of an authorized representative  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:  Signature of a member of an authorized representative of a member.  Filing Fees:	· · · · · · · · · · · · · · · · · · ·		
V: Effective date, if other than the date of filing:			
V: Effective date, if other than the date of filing:			
V: Effective date, if other than the date of filing:			
EQUIRED SIGNATURE:  Cassidy D'Andrea, Authorized Representative  Cassidy D'Andrea, Authorized Representative  Typed or printed name of Signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certification of States (Optional)	ise attachment if necessary)		
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.  Cassidy D'Andrea, Authorized Representative  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certificate of Status (Optional)	filing.) the date is listed, the date must be filing.) the date inserted in this block does no	ot meet the applicable statutory filing requirements, this dat	r (0 0F <del>90</del> C
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.  Cassidy D'Andrea, Authorized Representative  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)	filing.)  he date inserted in this block does not ent's effective date on the Department.	ot meet the applicable statutory filing requirements, this dat	r (0 0F <del>90</del> C
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.  Cassidy D'Andrea, Authorized Representative  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)	filing.)  he date inserted in this block does not ent's effective date on the Department.	ot meet the applicable statutory filing requirements, this dat	r (0 0F <del>90</del> C
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.  Cassidy D'Andrea, Authorized Representative  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)	filing.)  he date inserted in this block does not ent's effective date on the Departme.  VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this datent of State's records.	r (0 0F <del>90</del> C
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)	filing.)  he date inserted in this block does not ent's effective date on the Departme.  VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this datent of State's records.	r (0 0F <del>90</del> C
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)	filing.) the date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Departme.  VI: Other provisions, if any.  Signature of a This document is exell am aware that any file.	Cossidy DAndren  Cossidy DAndren  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Floridalise information submitted in a document to the Department	e will not b
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)	tive date is listed, the date must be filing.) he date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any.  Signature of a This document is exel am aware that any faconstitutes a third degree of the date of the	Cassidy DAndrea  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	e will not b
\$ 30.00 Certified Copy (Optional)  5 - 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) he date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any.  Signature of a This document is exel am aware that any faconstitutes a third degree of the date of the	Cossidy D'Andrea  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative	e will not b
\$ 30.00 Certified Copy (Optional)  5 - 5.00 Certificate of Status (Optional)	tive date is listed, the date must be filing.) he date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any.  Signature of a This document is exel am aware that any faconstitutes a third degree of the date of the	Cossidy D'Andrea  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative	Statutes.
\$ 30.00 Certified Copy (Optional)	tive date is listed, the date must be filing.) he date inserted in this block does no ent's effective date on the Departme. VI: Other provisions, if any.  Signature of a This document is exel am aware that any faconstitutes a third degree of the date of the	Cossibly DAndrea  Member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative  Typed or printed name of signee	Statutes.
5 5.00 Certificate of Status (Optional)	filing.) he date inserted in this block does not ent's effective date on the Departme.  VI: Other provisions, if any.  Signature of a This document is exect am aware that any faconstitutes a third deg  Cassidy D'And	Cossibly DAndrea  Member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida lalse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative  Typed or printed name of signee  Filing Fees:	e will not b
	Signature of a This document is exe Lam aware that any fi constitutes a third deg  S125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	Cossidy D'Andrea  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  [1)	Statutes.
	FOUIRED SIGNATURE:  Signature of a This document is exe I am aware that any fi constitutes a third deg Cassidy D'And S125.00 Filing Fee for Articles of S 30.00 Certified Copy (Optional	Cossidy D'Andrea  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.  drea, Authorized Representative  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  [1)	e will not