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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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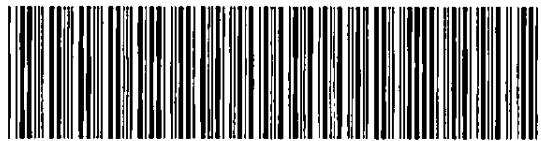
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\_\_\_\_\_  
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**DATE:** 10/4/2023

**NAME:** 6045 SEMINOLE GARDENS CIRCLE LLC

**TYPE OF FILING:** ARTICLES

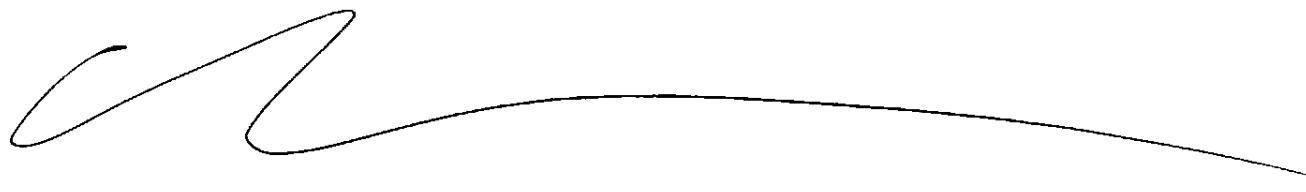
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "A. Hodge", is written over a horizontal line. The signature is fluid and cursive, with a large, stylized initial 'A' on the left.

## COVER LETTER

TO: New Filing Section  
Division of Corporations

**SUBJECT:** 6045 SEMINOLE GARDENS CIRCLE 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:

JACKIE BILLARD

Name of Person

ARENTEFOX SCHIFF LLP

**Firm/Company**

800 BOYLSTON STREET, 32ND FLOOR

**Address**

BOSTON, MA 02199

**City/State and Zip Code**

jackie.billard@arentfox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE BILLARD at (617) 973-6185  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

### Mailing Address

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

6045 SEMINOLE GARDENS CIRCLE 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:**

7829 MONTECITO PLACE  
DELRAY, FL 33446

**Mailing Address:**

7829 MONTECITO PLACE  
DELRAY, FL 33446

**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:

DIANA M. RUBIN

Name

7829 MONTECITO PLACE

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

DELRAY

FL

33446

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..*

/S/ DIANA M. RUBIN

Registered Agent's Signature (REQUIRED)

**(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, AMBR

MICHAEL E. RUBIN

7829 MONTECITO PLACE

DELRAY, FL 33446

AMBR

DIANA M. RUBIN

7829 MONTECITO PLACE

DELRAY, FL 33446

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

**REQUIRED SIGNATURE:**

/S/ MICHAEL E. RUBIN

**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.

MICHAEL E. RUBIN

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)**