

L23000 482673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

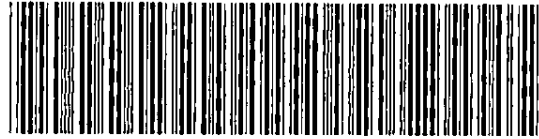
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF COURT

10-10-23

**Law Offices
PATRICK J. CASEY
PATRICK J. CASEY, PLLC
P.O. BOX 1207
PORT SALERNO, FLORIDA 34992-1207
Phone 561-373-9780
Email pcasey33@comcast.net**

October 2, 2023

By US Mail

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

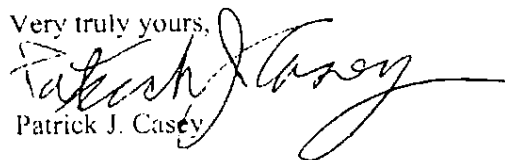
Re: CRE PARTNERS FLA LLC

Please find enclosed for filing with your office the following:

Articles of Organization

Also enclosed is a our firm check for \$130.00. Please file and return to this office with a Certificate of Status. Thank you.

Very truly yours,


Patrick J. Casey

Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRE PARTNERS FLA 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:

108 LAKESHORE DRIVE SUITE 1840
NORTH PALM BEACH,
FLORIDA 33408

Mailing Address:

108 LAKESHORE DRIVE SUITE 1840
NORTH PALM BEACH,
FLORIDA 33408

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:

JAMES M. GROBE

Name

108 LAKESHORE DRIVE SUITE 1840

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


NORTH PALM BEACH FLORIDA 33408

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/23 BY 60322

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

JAMES M. GROBE

108 LAKESHORE DRIVE SUITE 1840

NORTH PALM BEACH, FLORIDA 33408

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

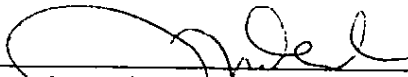
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Company shall operate for the purposes of engaging in and carrying on the Business of the acquisition, maintenance, and/or development of real estate, improvements thereon, and/or any other interest therein and for any other lawful business purposes, and shall have and exercise all powers now or hereafter conferred under the laws of Florida.

REQUIRED SIGNATURE:



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.

JAMES M. GROBE

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)

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ALLAHABAD