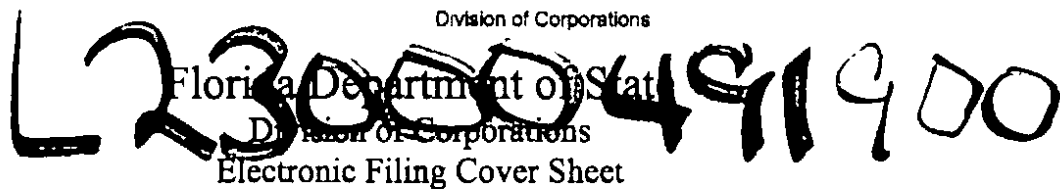


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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HOMSI LAW, P.A.  
Account Number : I20190000004  
Phone : (407)377-5507  
Fax Number : (407)377-5967

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: WILLIAM@HOMSI.LAW.COM

**FLORIDA LIMITED LIABILITY CO.  
572 LIVE PINE CIRCLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/31/23

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Help

ARTICLES OF ORGANIZATION  
FOR  
572 LIVE PINE CIRCLE, LLC

ARTICLE I

The name of the Limited Liability Company is:  
572 LIVE PINE CIRCLE, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:  
2578 CLARK STREET, SUITE 1  
APOPKA, FLORIDA 32703

The mailing address of the Limited Liability Company is:  
2578 CLARK STREET, SUITE 1  
APOPKA, FLORIDA 32703

ARTICLE III

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A.  
8815 CONROY-WINDERMERE ROAD  
#402  
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



William M. Homs, President

The Members hereby delegate the management of the LLC to Manager(s).  
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: SALVATORE CATALDO

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homs, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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