

L23000504891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

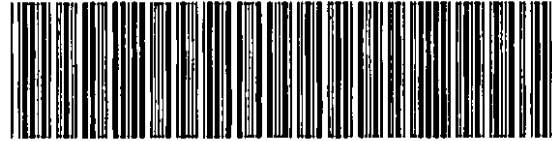
Special Instructions to Filing Officer:

05/01/23

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S. CHATHAM
MAY - 6 2023

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -1 PM 3:16

FILED

[Handwritten signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: North Tropical Trail Apartments, 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:

John Jordan

Name of Person

North Tropical Trail Apartments, LLC

Firm/Company

P. O. Box 110581

Address

Palm Bay, FL 32911

City/State and Zip Code

jjordandesigns@aol.com

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

For further information concerning this matter, please call:

John Jordan

321

258-7949

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

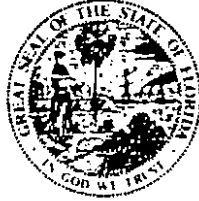
☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2023

JOHN JORDAN
P.O BOX 110581
PALM BAY, FL 32911

SUBJECT: NORTH TROPICAL TRAIL APARTMENTS
Ref. Number: W22000149567

RECEIVED
2023 MAY -1 PM 2:57
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 523A00007159

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Tropical Trail Apartments, 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:

1783 Hazelton St. N.W.

Palm Bay, FL 32907

Mailing Address:

Post Office Box 110581

Palm Bay, FL 32911

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:

John Jordan

Name

1783 Hazelton Street, N.W.

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

Palm Bay

FL

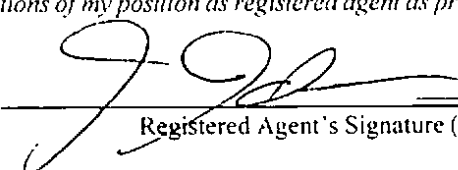
32907

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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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/President

John Jordan
1783 Hazelton Street, N.W.
Palm Bay, FL 32907

MGR/Vice-President

Abdelail Hreira
1821 Sun Gazer Drive
Rockledge, FL 32955

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 10, 2022. (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:



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.

John Jordan

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)

FILED
2023 MAY -1 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL