Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000387081 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. 220 LAKE PARK INVESTMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

T. MATTHEWS

2023-11-07 21:29:52 GMT

13053284774

From: Yanat Avila

dodoop signature verification; delp us/mjtl-H8VQ-F9F5

FILED

AKTICLES OF ORGANIZATION FOR ITLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 NOV -- 7 PM 4: 18

ALLAHASSEE, FL

220 LAKE PARK INVESTMENT 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

<u>Pri</u>	ncipal Office Address:		Mailing Address:
1545 6TH STRE	ET	SAI	ME
WEST PALM B	EACH , FL 33401		
another business entity with	an active Florida registration.)		
The name and the Florida st	reet address of the registered age		
The name and the Florida st	JEAN MEPRISABLE N		
The name and the Florida st	JEAN MEPRISABLE N	ONCENT	
The name and the Florida st	JEAN MEPRISABLE NO Na	ONCENT me	neceptable)
The name and the Florida st	JEAN MEPRISABLE NO No 1545 6TH STREET	ONCENT me	neceptable) 33401

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.

Gean M. Noncent Octobe verified 11/07/21 2-22 PM 25T WETWO STANCE Registered Agent's Signature (REQUIRED)

(CONTINUED)

្ត dodoog signature verification; ddp.us/mjU-H8VO-FBFs

H1 40012H 1 4	
"MGR" = Manager <u>AMBR</u>	JEAN MEPRISABLE NONCENT 1545 6TH STREET WEST PALM BEACH . FL 33401
AMBR	MARIE S. THOMAS 1545 6TH STREET WEST PALM BEACH, FL 33401
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.) <u>Note:</u> If the date inserted in this block does not	e of filing:
the document's effective date on the Department	of State's records.
REQUIRED SIGNATURE:	dodonove led 11x01/23722 = EST 17xC4711: H4Q1-18A

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)