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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2024 JAN -5 AM 10:09

To:

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

From:

Account Name : RABIDEAU KLEIN
Account Number : I20200000035
Phone : (561)655-6221
Fax Number : (561)655-3221

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

Email Address: DKLEIN@RABIDEAU KLEIN.com

FLORIDA LIMITED LIABILITY CO. SHAWMARK INVESTMENTS IV, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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DIVISION OF STATE
TALLAHASSEE, FL

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Jan. 5. 2024 9:59AM

No. 2650 P. 2

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SHAWMARK INVESTMENTS IV, 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:

DAVID E. KLEIN

Name of Person

RABIDEAU KLEIN

Firm/Company

440 ROYAL PALM WAY, SUITE 101

Address

PALM BEACH, FL 33480

City/State and Zip Code

DKLEIN@RABIDEAUKLEIN.COM

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

For further information concerning this matter, please call:

GARRETT ELLIS

561

655-6221

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

Street Address
New Filing Section Division
The Centre of Tallahassee

2024 JAN -5 PM 8:
TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHAWMARK INVESTMENTS IV, 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:

2660 S. OCEAN BOULEVARD, #205-S
PALM BEACH, FL 33480

Mailing Address:

2660 S. OCEAN BOULEVARD, #205-S
PALM BEACH, FL 33480

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:

DAVID E. KLEIN

Name

440 ROYAL PALM WAY, SUITE 101

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

<u>PALM BEACH</u>	<u>FL</u>	<u>33480</u>
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

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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:MGRJON M. STOUT2660 S. OCEAN BOULEVARD, #205-SPALM BEACH, FL 33480MGRPATRICIA W. STOUT2660 S. OCEAN BOULEVARD, #205-SPALM BEACH, FL 33480

(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:**
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.DAVID E. KLEIN

Typed or printed name of signer

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)

DEPARTMENT OF STATE
TREASURER
TALLAHASSEE, FL

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