

# 12400017741

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address: L R Cohen Norris.com

## FLORIDA LIMITED LIABILITY CO. RENAISSANCE RIVIERA BEACH LLC

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**COVER LETTER**

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

**SUBJECT:** RENAISSANCE RIVIERA BEACH 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:

LYNN REEVES

\_\_\_\_\_  
Name of Person

COHEN, NORRIS, WOLMER, RAY TELEPMAN, BERKOWITZ & COHEN

\_\_\_\_\_  
Firm/Company

712 US HIGHWAY ONE #400

\_\_\_\_\_  
Address

NORTH PALM BEACH, FL 33408

\_\_\_\_\_  
City/State and Zip Code

LR@COHENNORRIS.COM

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

For further information concerning this matter, please call:

LYNN REEVES

561

615-1030

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RENAISSANCE RIVIERA BEACH, 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:**

1229 E BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

**Mailing Address:**

1229 E BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

**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:

PETER R. RAY / COHEN, NORRIS, ET AL.

Name

712 US HIGHWAY ONE #400

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

<u>NORTH PALM BEACH</u>	<u>FL</u>	<u>33408</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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
JAN 16 2024  
CLERK OF COURT  
JAN 16 2024

**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

MGR

ANNETTA JENKINS / RIVIERA BEACH CDC  
1229 E BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

MGR

LYNDA CHARLES, VP / COMMUNITY PARTNERS SF  
2001 W BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

MGR

DAVIDSON DEVELOPERS LLC  
5585 BARBADOS WAY W  
WEST PALM BEACH, FL 33407

(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:**

DocuSigned by:

*Lynda Charles*

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.

LYNDA CHARLES, VP/COMMUNITY PARTNERS OF SOUTH FL

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)