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Office Use Only



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ALEARASSEE, FLOT

2024 JAH 31 PH 3: 15

# Incorporating Services, Ltd.

incserv

 1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

_	 UEST DATE	

**PRIORITY** Expedite

OUR REF # (Order ID#) 1225405

ORDER ENTITY
INTERCONT WHARF, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: INTERCONT WHARF, LLC (FL)	
Please file the attached articles and provide a certified copy	'.
NOTES:	
\$155.00 Authorized	
\$155.00 Authorized	

## RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 30, 2024 Pag

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

INTERCONT WI	IARF, LLC			
	ontain the words "Limited	Liability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal c	office of the Limited	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address	<u>s</u> :
204 N. Howard A. Tampa, Ft. 33606			N. Howard Avenue pa, Fl. 33606	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own in active Florida registratio	i Registered Agent. Yon.)	it's Signature: Fou must designate an indiv	idual or
	SSG COMMERCIA	_		
	330 COMMERCIA	Name		
	204 N. Howard Stree	et		
	Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)	
	Tampa	FL	33606	
	City	State	Zip	
Having been named as registere olace designated in this certifica further agree to comply with the am familiar with and accept the	ite, I hereby accept the app provisions of all statutes r	pointment as registere relating to the proper as registered agent a	rd agent and agree to act in i and complete performance o is provided for in Chapter 60	this capacity. I of my duties, and I
	D *	. 1 4 .2 (21	4 th f2 (5) f 11 th f2 f3 (5)	
	Regist	tered Agent's Signati	ure (REQUIRED)	

#### ARTICLE IV-

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

Title:	Name and Address	ii.
"AMBR" = Authorized Member		
"MGR" = Manager	2022	
<u>MRG</u>	SSG Commercial LLC	
	Tampa, FL 33606	
<del></del>		
		<del></del>
		<del></del>
<del></del>		
		<del></del>
(1)		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date	e of filing:	(OPTIONAL)
(If an effective date is listed, the date must be sp	pecific and cannot be more that	in five business days prior to or 90 days after
the date of filing.)		
Note: If the date inserted in this block does not in		ling 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:		
RECOURSED SIGNATURE.	$\mathcal{N}$	
<u> </u>		
Signature of a m	ember or an authorized repre	esentative 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.

Jennifer Scher, Vice President of SSG Commercial LLC

Typed or printed name of signce

## 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)