124000067950

(Requestor's Name) (Address) (Address)
(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
Special instructions to Philip Officer

Office Use Only



700423472487

2024 FEB -8 PH WOO

ALLAHASSEE, FLORID

2024 FEB -8 PM 3: 19

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 02/08/24 Order #: 1416730-1

Re: 4522 E Aqua Bella, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

AUTH

and de see Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

al office of the Limite	y, "L.L.C" or "LLC.") ed Liability Company is: Mailing Address: tent's Signature: t. You must designate an individual or
al office of the Limite	Mailing Address: Mailing Address:
al office of the Limite	Mailing Address: Mailing Address:
ce, & Registered Ag	Mailing Address:
	ent's Signature:
red agent are: ce Company	
Name	
ress (P.O. Box <u>NOT</u>	acceptable)
FL	32301
State	Zip
appointment as registe	he above stated limited liability company at the ered agent and agree to act in this capacity. I er and complete performance of my duties, and at as provided for in Chapter 605, F.S
	Company

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Calvin Booker, Jr. 1201 West Peachtree St., Suite 2316 Atlanta, GA 30309
	
ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c
the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not lent of State's records.
f filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any.	• • • • • • • • • • • • • • • • • • • •
the date inserted in this block does not next is effective date on the Department E VI: Other provisions, if any.	• • • • • • • • • • • • • • • • • • • •

Filing Fees:

Typed or printed name of signee

Stuart J. Kohn, Organizer