

**L24000121458**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)637-6381

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: LR@COHENNORRIS.COM

FLORIDA LIMITED LIABILITY CO.  
UPLAND 203 LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FILING

2024 APR 14 PM 12:02  
FRI APR 14 PM 12:03

11  
: 11:30

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: UPLAND 203 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 &amp; 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 AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303TALLAHASSEE, FL  
MAR 14 PM 3:09

11:33

710700-10-11

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UPLAND 203 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:1114 FLORIDA AVENUE  
WEST PALM BEACH, FL 33401Mailing Address:1114 FLORIDA AVENUE  
WEST PALM BEACH, FL 33401**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.)

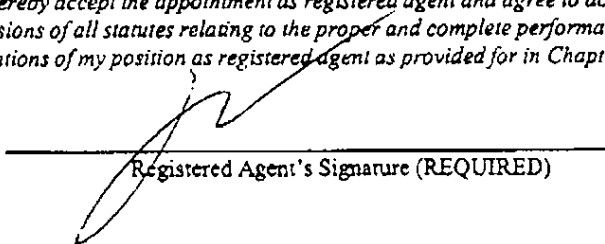
The name and the Florida street address of the registered agent are:

PETER R. RAY

Name

712 US HIGHWAY ONE #400Florida street address (P.O. Box NOT acceptable)NORTH PALM BEACH, FL 33408  
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)

RECEIVED  
FEBRUARY 14 PM 3:09  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
WEST PALM BEACH, FLORIDA

FEB 13 2024

HOT 000070000

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

DANIEL P. EGAN  
 1114 FLORIDA AVENUE  
 WEST PALM BEACH, FL 33401

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2024 MAR 14 PM 3:09  
 DEPT. OF STATE  
 ALBANY, NY

(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.

DANIEL P. EGAN

Typed or printed name of signee

**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)