

L240000169914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

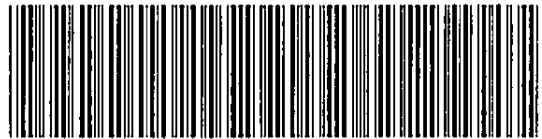
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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2024 APR 15 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 04/12/24  
Order #: 1478241-1  
Re: Nassau Road LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

I20000000195

AUTH

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.

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2024 APR 11 PM 1:31  
STATE OF FLORIDA  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** Nassau Road 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:

Charlotte Ghigliazza  
\_\_\_\_\_  
Name of Person

Brick & Patel LLP  
\_\_\_\_\_  
Firm/Company

600 Fifth Avenue, 14th Floor  
\_\_\_\_\_  
Address

New York, NY 10020  
\_\_\_\_\_  
City/State and Zip Code

cghigliazza@brickpatel.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Ghigliazza      212      554-5292  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, pp<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE  
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nassau Road 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:**

c/o James Henry, myCIO Wealth Partners LLC  
2929 Walnut St, 12th Floor  
Philadelphia, PA 19104

**Mailing Address:**

c/o James Henry, myCIO Wealth Partners LLC  
2929 Walnut St, 12th Floor  
Philadelphia, PA 19104

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:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee Florida 3301  
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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2026 APR 15 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:**

MGR

James Henry

c/o myCIO Wealth Partners LLC, 2929 Walnut St. 12th Fl  
Philadelphia, PA 19104

(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.

Charlotte Ghigliazza

Typed or printed name of signee

FILED  
APR 15 2011  
STATE OF FLORIDA  
TALLAHASSEE

**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)