L24000172596

(Requestor's Name)
(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:

Office Use Only



900424651479

ZOZY APRILIE PHIZ: 46
SECKE TABY OF STATE

NECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BOCA RETREAT, LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
1.	
At 19/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status Same
	Corp Record Search
1 2	Officer Search
	Fictitious Search
Signature	Ficilitious Owner Search ref
	Vehicle Search
	Driving Record
Requested by:	UCC) or 3 File
Name Date Time	UCC 11 Search
Hame Date Time	IICC II Retriaval

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Rejected Filing

BOCA RETREAT, LLC

Filing Information

Document Number

W24000060113

Filed Date

04/15/2024

Expire at Usual Time

Υ

Penalty Fee

00.00

Associated Document

Number

Document Type

Filed By

CAPITAL CONNECTION, INC.

Document Images

No images are available for this filing.

Liorida Department of State, Division of Corporations



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Boca Retreat, LLC			
(Must co	ontain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		·	
he mailing address and stree	t address of the principal office	of the Limited Liability Company is:	
Princ	cipal Office Address:	Mailing Address	1
144-29 73 Avenue		144-29 73 Avenue	
Flushing, New Yo	rk 11367	Flushing, New York 11367	
RTICLE III - Registered A The Limited Liability Compa	Agent, Registered Office, & R		dual or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Runy cannot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individ	dual or
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Romy cannot serve as its own Regunactive Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individ	dual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & Romy cannot serve as its own Regin active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individ	dual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & Remy cannot serve as its own Regin active Florida registration.) of address of the registered agents. Ashira Buchwald	egistered Agent's Signature: istered Agent. You must designate an individent are:	dual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & Romy cannot serve as its own Regin active Florida registration.) of address of the registered agents Ashira Buchwald Na	egistered Agent's Signature: istered Agent. You must designate an individent are:	dual or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & Runy cannot serve as its own Regin active Florida registration.) at address of the registered agents Ashira Buchwald National States of the	egistered Agent's Signature: istered Agent. You must designate an individent are:	dual o

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)

2024 APR 16 PH12: 46 SECREJARY OF STATE

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Alan Hochster 144-29 73 Avenue Flushing, New York 11367 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. Alan Hochster Typed or printed name of signer

Filing Lees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)