From: Michelle Suarez

Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000149600 3)))



H240001496003ABC-

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.

Account Number : I20190000063 Phone :(954)882-4119

Fax Number (954)400-5096

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ___Traci.D.Miller@gmail.com__

FLORIDA LIMITED LIABILITY CO.

3850 Davie Estate, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

(((H24000149600 3)))

COVER LETTER

	w Filing Sec vision of Cor			
SUBJECT:	3850 Da	vie Estate, LLC		
	-	Name of Lim	ited Liability Company	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ondence concerning this ma	tter to the following:	
		Michelle K. Suarez, Esq.		
			Name of Person	
		Florida Entrepreneur Law		
			Firm/Company	· · · ·
		101 NE 3rd Ave., Suite 15	500	
			Address	
		Fort Lauderdale, FL 3330	1	
			ty/State and Zip Code	
	· · · · · · · · · · · · · · · · · ·	Traci.D.Miller@gmail.co	m for future annual report notificati	on)
For further in		ncerning this matter, please	·	
-	Michelle S	uaiczat (954) 882-4119	
	Nam	e of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:		
□\$125.001	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)
	<u>Mailin</u>	<u> 2 Address</u>	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



(((H240001496003)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3850 Davie	Estate, LLC			
(Must contain	the words "Limited L	iability Compa	any, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		·		
he mailing address and street addr	ess of the principal of	fice of the Lim	ited Liability Company is:	
Principal (Office Address:		Mailing Address:	
7441 NW 7th St			7441 NW 7th St.	
Plantation, FL 33317			Plantation, FL 33317	_
he name and the Florida street add	dress of the registered	_		
the name and the Florida street add	_	agent are:		
he name and the Florida street add	Florida Entrep	agent are: reneur Law Name		
- -	Florida Entrepa	reneur Law Name		
- -	Florida Entrep	reneur Law Name	T acceptable)	
- -	Florida Entrepa	reneur Law Name	T acceptable)	
-	Florida Entrepa 101 NE 3rd Ave Florida street address Fort Lauderdale City	nagent are: reneur Law Name , Suite 1500 (P.O. Box NO FL State	33301 Zip	
- ving been named as registered age we designated in this certificate, I h wher agree to comply with the provi	Florida Entrept 101 NE 3rd Ave Florida street address Fort Lauderdale City ant and to accept service tereby accept the appointsions of all statutes relations of my position a	reneur Law Name L., Suite 1500 (P.O. Box NO FL State State The of process for intment as registered age State of process for interest as registered age M. W.	33301 Zip r the above stated limited liability company stered agent and agree to act in this capact oper and complete performance of my dutie ent as provided for in Chapter 605, F.S.	ty. I
	Florida Entrept 101 NE 3rd Ave Florida street address Fort Lauderdale City ant and to accept service tereby accept the appointsions of all statutes relations of my position a	reneur Law Name L., Suite 1500 (P.O. Box NO FL State State The of process for intment as registered age State of process for interest as registered age M. W.	33301 Zip r the above stated limited liability company stered ugent and agree to act in this capaci oper and complete performance of my dutie	ty. I

(CONTINUED)

(((H24000149600 3)))

ARTICLE IV-

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

Traci Miller, Member Typed or printed name of signee	LEADER - CO. 1	Name and Address:	
AMBR Traci Miller 7441 NW 7th Street Plantation. FL 33317 William Troy McHatton 7441 NW 7th Street Plantation. FL 33317 William Troy McHatton 7441 NW 7th Street Plantation. FL 33317 V. Effective date, if other than the date of filing: 04/22/2024 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lent's effective date on the Department of State's records. EVI: Other provisions, if any. pany will be governed by the terms set forth in its Operating Agreement REQUIRED SIGNATURE: Ist Traci D. Attilier		Member	
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