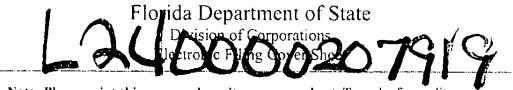
5/8/24, 10:35 AM

Division of Corporations



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.

(((H240001671073)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

jpulaski@foxpaine.com Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Foxmor Development LLC

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

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Help

(((11240001671073)))

ACTICLENOP	ORGANIZATIOA FOI	KLIORIDA (IMHTE	DUABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	/ Company is:				
Foxmor Development	LLC				
(Must conta	in the words "Limited	l Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limite	ed Liability Company is:		
Principa	l Office Address:		Mailing Address:		
1111 Lincoln Road Suite 605		<u>SA</u>	AME	<del></del>	
Miami Beach, FL 33	139	<u></u>	***	- E	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its ow	n Registered Agent	ent's Signature: . You must designate an individua	WEAVILLE WHILE OR	
The name and the Florida street a	ddress of the registere	ed agent are:		- E	
	Saul Fox				
		Name	<del>.</del>	16 No.	
	1111 Lincoln Road,	Suite 605		•	
	Florida street addre	ess (P.O. Box <u>NOT</u>	acceptable)		
	Miami Beach	Fl.	33139		

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.

State

Zip

City

151	Saul Fox
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H240001671073)))

From: Heather Irving

ARTICLE IV-	(((11240001671073)))
	authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
AMBR	Saul Fox 1111 Lincoln Road, Suite 605 Miami Beach, FL 33139
AMBR	Anderson Moraes 1111 Lincoln Road, Suite 605 Miami Beach, FL 33139
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	TO THE PART OF THE
If an effective date is listed, the date must be he date of filing.)	ate of filing
ARTICLE VI: Other provisions, if any.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
REQUIRED SIGNATURE:	
/55	/ Saul Fox
This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Saul Fox	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)