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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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5. Cirin (14/13/2024)

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# **CORPORATE** ACCESS,

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236 East 6th Avenue. Tallahassee, Florida 32303

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## WALK IN

			PICK UP:	BROOK 7/23	
	XX	CERTIFIED CO	PY	·	_
		РНОТОСОРУ			_
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1.		255 RIDGEVIEW (CORPORATE NAME AN			
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SPE	ECIAI	L INSTRUCTIONS:			

#### **COVER LETTER**

TO:	New Filing Sec Division of Co				
SUBJE		VIEW DR LLC			
50 BJT.		Name of Lir	nited Liabil	ity Company	
The end	closed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please	return all correspo	ondence concerning this ma	atter to the f	ollowing:	
	Maura Ziska	i			
			Name of	Person	
	Kochman &	Ziska PLC			
			Firm/Co	mpany	
	222 Lakevie	w Avenue, Suite 1500			
			Addr	ess	
	West Palm I	Beach, FL 33401			
	mziska@flor		City/State an	d Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
For furth	er information co	ncerning this matter, please	e call:		
	Maura Ziska	50 at (	61	802-8960	
	Nan	······································	rea Code	Daytime Telephon	
Enclose	ed is a check for t	he following amount:			
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certiti	5.00 Filing Fee & ed Copy at copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and stree	ontain the words "Limited Lial	e of the Limited Liability Company is:
The mailing address and stree	, .	e of the Limited Liability Company is:
The mailing address and stree	, .	e of the Limited Liability Company is:
	sinal Office Address:	
222 Lakeview Av	cipal Office Address:	Mailing Address:
The Lantite of the	enue. Suite 1500	PO Box 402249
West Palm Beach	, FL 33401	Miami Beach, FL 33140
The name and the Florida stre	an active Florida registration.) eet address of the registered ag	ent are:
The name and the Florida stro	eet address of the registered ag  Maura Ziska, Esq.	ent are:
The name and the Florida stre	eet address of the registered ag <u>Maura Ziska, Esq.</u> N	ame
The name and the Florida stre	eet address of the registered ag  Maura Ziska, Esq.  N  222 Lakeview Avenue.	ame
The name and the Florida stro	eet address of the registered ag  Maura Ziska, Esq.  N  222 Lakeview Avenue.	ame Suite 1500

(CONTINUED)



## ARTICLE IV-

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

	uthorized Member	
MGR'' = Ma	nager	
MGR		Todd M. Glaser
		PO Box 402249 Miami Beach, FL 33140
		<del></del>
Use attachme	nt if necessary)	
ctive date is l filing.) he date inser	sted, the date must be speed in this block does not	pecific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will not
ctive date is la filing.) he date inser- lent's effective	sted, the date must be speed in this block does not e dute on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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