

L24000324713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

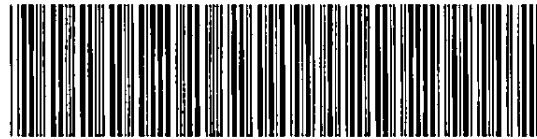
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## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY Larch Avenue - DB4 LLC	FOR OFFICE USE ONLY 2024 JUL 26 AM 9:17 FILED TALLAHASSEE, FL

### PICK ONE:

\_\_\_ CERTIFIED COPY    XX PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION    XX LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP

\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICE MARK/TRADEMARK    \_\_\_ AMENDMENT

\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN

\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY

Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 07/26/24    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Larch Avenue - DB4 LLC, a Florida limited liability company

(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:

530 36th Street

West Palm Beach, FL 33407

Mailing Address:

530 36th Street

West Palm Beach, FL 33407

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:

Michael Curcio

Name

530 36th Street

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FL

33407

City

State

Zip

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CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA  
WEST PALM BEACH, FL

*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..*

/s/ Michael Curcio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Michael Curcio  
530 36th Street  
West Palm Beach, FL 33407

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL) **90 days after**  
(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 filed as  
the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Michael Curcio

**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.

Michael Curcio

Typed or printed name of signee

**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)**

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DEPT. OF STATE  
WEST PALM BEACH, FL

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