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We	
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/01/2024

**NAME:** FC PLANTATION LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL-HODGE

#### COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJE	·cr.	FC Plantation LLC			
3000		Name of Lin	nited Liability Company		
The end	closed Articles of	f Organization and fee(s) are	: submitted for filing.		
Please	return all corresp	ondence concerning this ma	tter to the following:		
			Name of Person		_
		<u>-</u>	Firm/Company		_
			Address		_
			Address		
		C	ity/State and Zip Code	200	- 5054 VIP2 - 1
	<del></del>	E-mail address: (to be used	for future annual report notificat	ion)	- js
For furth	er information co	incerning this matter, please	call:	(u) (u) (u)	1 M 9:47
		at (	)	77	7:6
	Nan		rea Code Daytime Telephon	e Number	7
Enclose	ed is a check for t	he following amount:			
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing For Certificate of Status Certified Copy (additional copy is enc	&
	New F	ng Address Filing Section on of Corporations	Street Address New Filing Section D The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### FC Plantation LLC

(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:
---------------------------

N	lai	ling	Add	ress:
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377 Route 59, Ste 3
Airmont, NY 10952

#### 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:

DBO	Services	LLC

Name

155 Office Plaza Drive

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

Tallahassee	Florida	32301
City	State	Zip

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/ Oliver Steinmetz

Agent of 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	Name and Address:
"MGR" = Manager <u>Member/Manager</u>	Jason Wisotsky 377 Route 59, Ste 3 Airmont, NY 10952
(Use attachment if necessary)	2024 AUG
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE;	
Signature of : This document is ex I am aware that any	Jason Wisotsky  a member or an authorized representative of a member, secuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

#### 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)