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236 East 6th Avenue. Tallahassee, Florida 32303

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XX	РНОТОСОРУ			
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	LEMENTINE 82 LLC ORPORATE NAME AND DOCUME	ADENTE #Y		
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(C	ORPORATE NAME AND DOCU	MENT#)		
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COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		TINE 82 LLC			
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of L	imited Liab	pility Company	
The enclo	osed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please re	turn all correspo	ondence concerning this r	natter to the	e following:	
	FRANCISC	O J. GONZALEZ. ESQ.			
			Name	of Person	
	GONZALE	Z, SHENKMAN & BUC	KSTEIN, I	² .L.	
			Firm/0	Company	
	110 PROFE	SSIONAL WAY			
			Ad	dress	
	WELLINGT	ON, FL 33414			
	CHRISTINE(@LARGERCROSSPAR	•	and Zip Code DM	_
	ı	E-mail address: (to be use	ed for future	e annual report notificati	ion)
For further	information co	ncerning this matter, plea	ise call:		
	FRANCISCO		561	227-1575	
	Nam			Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
□\$125.0	00 Filing Fee	■\$130.00 Filing Fee of Certificate of Status	Cert	55.00 Filing Fee & ified Copy onal copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section		Street Address New Filing Section D	ivision
	Divisio	on of Corporations fox 6327		The Centre of Tallaha 2415 N. Monroe Stre	assec

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ne Limited Liability Company is:
CL	EMENTINE 82 LLC
_	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
3869 POTOMAC AVENUE
DALLAS, TX 75205

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:

Leslie B. Daniels	:/o CLEA Partners	
	Name	
249 Royal Palm W	ay, Ste 503	
Florida street address	s (P.O. Box <u>NOT</u> :	acceptable)
Palm Beach, FL 33	480	
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.

Leslie Daniels
Leslie Daniels Aug : 1024 ii 02 ED:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 AUG -2 PH 2: 59

MGR	JONATHAN PRICE 3869 POTOMAC AVENUE	
	DALLAS, TX 75205	
	· -	
(Use attachment if necessary)		
·	te of filing:	(OPTIONAL)
CLE V: Effective date, if other than the da effective date is listed, the date must be see of filing.)	specific and cannot be more than five	business days prior to or 90 days
If the date inserted in this block does not cument's effective date on the Departmen		equirements, this date will not be list
CLE VI: Other provisions, if any.	n of State 8 records.	
•		
- :		

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

ARTICLE IV-

Filing Fees:

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

Typed or printed name of signee

JONATHAN PRICE, MANAGER

constitutes a third degree felony as provided for in s.817.155, F.S.