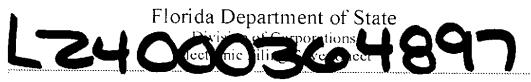
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025

Phone : (786)899-2235 Fax Number : (305)935-9042

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. CHARLES AVENUE MANAGEMENT, LLC

Certificate of Status	0
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Page Count	03
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES AVENUE MANAGEMENT, 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:

Mailing Address:

3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133 3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133

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:

Grant Savage		
	Name	\(\frac{1}{2}\)
3162 COMMODOR	E PLAZA STE 2C	
Florida street addres	s (P.O. Box <u>NOT</u> a	rceptable)
Coconut Grove	FL	33133
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 appoinment 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..

Juan	. Savago	
	Registered Agent's Signature (REQUIRED)	

(CONTINUED)

"MGR" = Manager	Name and Address:
MGR	Grant Savage 3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133
 _	
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	necific and cannot be more than five business days prior to or 90 comments the applicable statutory filing requirements, this date will not be of State's records
.E.VI: Other provisions, if any.	
all lawful purposes.	
all lawful purposes.	
REOURED SIGNATURE: Grant Sarray	:
REOURED SIGNATURE: Jeant Sarray Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
REOURED SIGNATURE: Jeant Sarray Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State