

L24000379220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

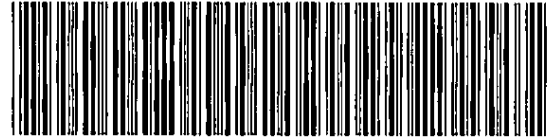
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 09/03/2024
Acc#120160000072

will

| | |
|-------------|---------------------|
| Name: | 3006 W Julia St LLC |
| Document #: | |
| Order #: | 15848507 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **155.00**

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3006 W Julia St 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:

| <u>Principal Office Address:</u> | <u>Mailing Address:</u> |
|----------------------------------|----------------------------------|
| <u>3006 W. Julia St., Unit C</u> | <u>3006 W. Julia St., Unit C</u> |
| <u>Tampa, FL 33629</u> | <u>Tampa, FL 33629</u> |

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:

| | | |
|---|-------|-----|
| <u>C T Corporation System</u> | | |
| Name | | |
| <u>1200 South Pine Island Road</u> | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| <u>Plantation, FL 33324</u> | | |
| City | State | Zip |

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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..

Laura R Broderick Laura Broderick - Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

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TATION)
s prior to 90 days after
this date will not be listed