# L24000382233

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

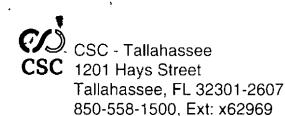
Office Use Only



900435474639

2024 SEP -5 AM 9: 47

2024 SEP -5 PH 3: 5



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969
Date: 09/05/24
Order #: 1609064-1
Re: GRACIE DAVIS LLC
Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account.

wiselena

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GRA	CIE DAVIS LLC		<u>.</u>
(Mus	st conatin the words "Limited I	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Address:	
	ER DRIVE, SUITE 302	501	S. FLAGLER DRIVE, SUITE 302	
501 S. FLAGL	LK DKIVIS, SULLIE 302		B. 1 12: 10: 13: 10 11 12: 10 2	
WEST PALM  ARTICLE III - Registere The Limited Liability Counother business entity wi	ed Agent. Registered Office, appany cannot serve as its own than active Florida registratio	& Registered Ager Registered Agent. (n.)	ST PALM BEACH, FL 33402	2024
WEST PALM  ARTICLE III - Registere (The Limited Liability Counother business entity wi	BEACH, FL 33402 ed Agent, Registered Office, npany cannot serve as its own	& Registered Agent. Segistered	nt's Signature: You must designate an individual or	2024 SEP -
WEST PALM  ARTICLE III - Registere The Limited Liability Counother business entity wi	ed Agent, Registered Office, anpany cannot serve as its own than active Florida registrationstreet address of the registered	& Registered Agent. Segistered	nt's Signature: You must designate an individual or	2024 SEP -5
ARTICLE III - Registere (The Limited Liability Con another business entity wi	ed Agent, Registered Office, anpany cannot serve as its own than active Florida registrationstreet address of the registered	WE:  & Registered Ager Registered Agent. You  agent are:  Company	ST PALM BEACH, FL 33402 nt's Signature:	2024 SEP -5 AM
ARTICLE III - Registere (The Limited Liability Con another business entity wi	ed Agent, Registered Office, anpany cannot serve as its own than active Florida registration street address of the registered Corporation Service of the ser	& Registered Agent. Segistered	nt's Signature: You must designate an individual or	2024 SEP -5 AM 9: L
ARTICLE III - Registere (The Limited Liability Con another business entity wi	ed Agent, Registered Office, inpany cannot serve as its own than active Florida registration street address of the registered Corporation Service (1201 Hays Street)	& Registered Agent. Segistered	nt's Signature: You must designate an individual or	• <b>√</b> ,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SOPHIE POLLOCK
	501 S. FLAGLER DRIVE, SUITE 302 WEST PALM BEACH, FL 33402
AMBR	HANNAH POLLOCK 501 S. FLAGLER DRIVE, SUITE 302
	WEST PALM BEACH, FL 33402
<del>-</del>	
	. 2
(Use attachment if necessary)	2024 SEP
•	SEP
RTICLE V: Effective date, if other than the date	of filing: (OPTIONAL) cecific and cannot be more than five business days prior to or 90 days a
Note: If the date inserted in this block does not r	meet the applicable statutory filing requirements, this date will not be listed
he document's effective date on the Department	of State's records.
RTICLE VI: Other provisions, if any.	THE I
REOUIRED SIGNATURE:	
MEDUINE SIGNATURE.	

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.

HARRY FOURNARIS, ESQ., AUTHORIZED REPRESENTATIVE 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)