

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

FILED

2024 SEP -5 AM 9:47

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

RECEIVED

2024 SEP -5 PM 3:55

CLERK OF DISTRICT COURT
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

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 Number:
I20000000195

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.

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line.

2024 SEP -5 AM 9:47
OFFICE OF STATE
TALLAHASSEE, FL

2024 SEP -5 AM 9:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRACIE DAVIS 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:

501 S. FLAGLER DRIVE, SUITE 302
WEST PALM BEACH, FL 33402

Mailing Address:

501 S. FLAGLER DRIVE, SUITE 302
WEST PALM BEACH, FL 33402

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

City

State

Zip

2024 SEP -5 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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..

Corporation Service Company

By 

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

"MGR" = Manager

Name and Address:

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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

FILED
2024 SEP - 5
AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

REQUIRED SIGNATURE:

/s/Harry Fournaris, Esq.

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)