

U240000433936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

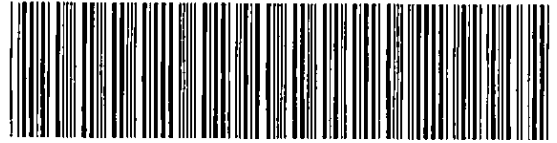
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

6600 GEORGIA AVE., LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____

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ARTICLES OF ORGANIZATION

OF

6600 GEORGIA AVE., LLC

The undersigned authorized representative hereby forms a limited liability company under the laws of the State of Florida:

ARTICLE I

COMPANY NAME

The name of this company is:

6600 GEORGIA AVE., LLC

ARTICLE II

COMMENCEMENT

The existence of the Company shall commence on October 14, 2024, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the time authorized by Statute.

ARTICLE III

MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and the street address of the principal office of the limited liability company is 251 Southern Blvd., West Palm Beach, FL 33405.

ARTICLE IV

REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

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Garry M. Glickman
1601 Forum Place, Suite 1101
West Palm Beach, FL 33401

ARTICLE V

INITIAL MANAGERS

The Initial Managers of the Company shall be:

Donill J. Kenney, Jr.
251 Southern Blvd.
West Palm Beach, FL 33405

Jodie D. Kenney
251 Southern Blvd.
West Palm Beach, FL 33405

The Initial Managers shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the Company.

Notwithstanding the foregoing, the Managers shall have the absolute authority to subcontract any management functions of the Company in their sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

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ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

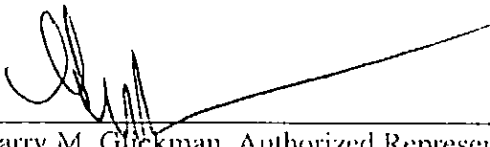
- i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and
- ii) as provided in the Operating Agreement, and
- iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

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IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 14th day of October, 2024 and affirms that the Company has at least one member as of the effective date of these Articles.



Garry M. Glickman, Authorized Representative

STATE OF FLORIDA |
 | ss:
COUNTY OF PALM BEACH |

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 14 day of October, 2024 by Garry M. Glickman as Authorized Representative of the aforesaid Limited Liability Company, who is ~~a~~ personally known to me or who has ☐ produced _____ as identification and who did/did not take an oath.

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NOTARY PUBLIC:

SIGN Suzette L. Novay
PRINT Suzette L. Novay

MY COMMISSION EXPIRES:

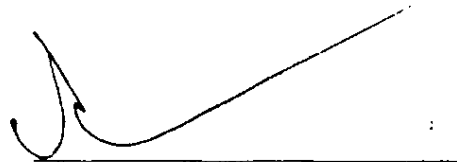


**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

6600 GEORGIA AVE., LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, FL 33401 as its agent to accept Service of Process within this State.

ACKNOWLEDGMENT

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.


Garry M. Glickman

The foregoing instrument was acknowledged before me by means of [☒ physical presence or [☐ online notarization this 14 day of October, 2024 by Garry M. Glickman who is ~~is~~ personally known to me or who has ☐ produced _____ as identification and who did/did not take an oath.


NOTARY PUBLIC - STATE OF FLORIDA

Name: Suzette L. Novay
(Type, stamp or print)

