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Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Lawrence E. Crary III, Esquire  
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL  
Account Number : 876424001425  
Phone : (772)233-4602  
Fax Number : (772)398-8122

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

lec@crarybuchanan.com

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## Palmetto One Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALMETTO ONE HOLDINGS, 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:
7301 SW GAINES AVENUE  
STUART, FL 34997
P.O. BOX 1187  
HOBE SOUND, FL 33475
**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:

CRARY BUCHANAN PA

Name

759 SW FEDERAL HIGHWAY, SUITE 106Florida street address (P.O. Box **NOT** acceptable)

<u>STUART</u>	<u>FL</u>	<u>34994</u>
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 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.*

Lawrence E. Crary, III

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**MGRWILLIAM SNYDER, II  
7301 SW GAINES AVENUE  
STUART, FL 34997CFOJON WELLS TOFTE  
1102 W. STAN MAR ESTATES DRIVE  
BRAZIL, IN 46465AUTH REPAMANDA SNYDER  
7301 SW GAINES AVENUE  
STUART, FL 34997

(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.**REQUIRED SIGNATURE:***William Snyder, II*

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.WILLIAM SNYDER, II

Typed or printed name of signer

**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)

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