

L24000455588

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

10-28-24

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

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 1885 NORTH NOVA ROAD LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2024 OCT 28 PM 2:52

STATE OF FLORIDA
 TALLAHASSEE, FL

24 OCT 28 PM 12:48

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 DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1885 North Nova Road LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlen Sellers

Name of Person

Polsinelli PC

Firm/Company

Address

150 N. Riverside Plaza, Suite 3000

Address

Chicago, IL 60606

City/State and Zip Code

csellers@polsinelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlen Sellers

312

463-6205

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY H24000358929

ARTICLE I - Name:

The name of the Limited Liability Company is:

1885 North Nova Road 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:199 New Zealand RoadScabrook NH 03874**Mailing Address:**199 New Zealand RoadScabrook NH 03874**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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.

Kim TadlockKim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

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:

MEMBER AMBR

an effective

Rhino H10, LLC

122 New Zealand Road

Seabrook NH 03874

(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:**

/s/ Christopher Rondeau

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.

Christopher Rondeau

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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