

L24 000467445
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000368460 3)))



H240003684603ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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: _____

SECRET
TALLAHASSEE, FL

2024 NOV -5 PM 1:43

RECEIVED

**FLORIDA LIMITED LIABILITY CO.
MORRONE FLP GP, LLC**

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

DocuSign Envelope ID: 9FDEEB9-A733-4A2B-825A-A0B8B4A04DBC

COVER LETTER

H24000368460

TO: New Filing Section
Division of Corporations

SUBJECT: Morrone FLP GP, 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:

Colleen Monaghan

Name of Person

Royer Cooper Cohen Braunfeld LLC

Firm/Company

101 West Elm Street, Suite 400

Address

Conshohocken, PA 19428

City/State and Zip Code

lacymorronecramer@icloud.com

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

For further information concerning this matter, please call:

Colleen Monaghan

484

362-2623

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

H24000368460

DocuSign Envelope ID: 9FDEEEB9-A733-4A2B-825A-A0B8B4A04DBC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000368460

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morrone FLP GP, 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:

4748 Garden Point Trail
Wellington, FL 33414

4748 Garden Point Trail
Wellington, FL 33414

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:

Lacy Morrone Cramer

Name

4748 Garden Point Trail

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

Wellington

FL

33414

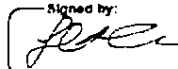
City

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..

Signed by:



11/5/2024 12:06:06 AM PST

CA4E05620E704BE...
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000368460

DocuSign Envelope ID: 9FDEEB9-A733-4A2B-825A-A0B8B4A04DBC

H24000368460

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

an effective

date of

file of

document

Name and Address:

Lacy Morrone Cramer

4748 Garden Point Trail

Wellington, FL 33414

(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/ Colleen Monaghan

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.

Colleen Monaghan

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)**

H24000368460