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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
C4 HOUSING, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF  
C4 HOUSING, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I  
Name**

The name of the limited liability company (the "Company") is:  
C4 Housing, LLC

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is:

1398 SW 1<sup>st</sup> Street  
12<sup>th</sup> Floor  
Miami, FL 33135

**ARTICLE III  
Duration**

The period of duration of the Company shall be perpetual.

**ARTICLE IV  
Registered Office and Agent and Address**

The name and street address of the registered agent of the Company is the State of  
Florida are:

Stephanie Berman  
1398 SW 1<sup>st</sup> Street  
12<sup>th</sup> Floor  
Miami, FL 33135

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**ARTICLE V**  
**Management**

The Company shall be manager-managed. The name and address of the initial manager of the Company is:

Carrfour Supportive Housing, Inc.  
1398 SW 1st Street  
12<sup>th</sup> Floor  
Miami, FL 33135

Dated: November 5, 2024

Carrfour Supportive Housing, Inc.,  
a Florida not for profit corporation

/s/ Stephanie Berman  
Stephanie Berman, President

Dated:

**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

The undersigned, Stephanie Berman, which has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) it accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) it is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: November 5, 2024

/s/ Stephanie Berman  
Stephanie Berman, Registered Agent

Nov 5, 2024 3:29PM

No. 0033 P. 3/4

ARTICLE I

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE GOOD SHIP MONA LISA, 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:**

440 ROYAL PALM WAY, SUITE 101  
PALM BEACH, FL 33480

440 ROYAL PALM WAY, SUITE 101  
PALM BEACH, FL 33480

**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:

GUY RABIDEAU

Name

440 ROYAL PALM WAY, SUITE 101

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

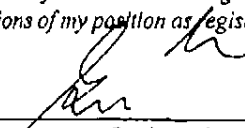
PALM BEACH FL 33480

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Nov. 5. 2024 3:29PM

No. 0036 P. 4/4

**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:**

MGR

GUY RABIDEAU

440 ROYAL PALM WAY, SUITE 101

PALM BEACH, FL 33480

(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:**

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.

GUY RABIDEAU

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)