174004709/6

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	CERTIFIED COPY		2024 NOV -7 SEURE AHA
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 3500 Chatal Crability Company Name of Limited Chability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Name of Person	i
Levy Closings PA STS =	i S
1001 Yamato Rd #401 == 5	•
Address	
Boca Raton, FL 3343/	
Deff & Levy Closings - Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jeff Name of Person Area Code Daytime Telephone Number	
Epclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
3500 Chatelaine 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:	:
Devicy Beach, FL 33445 Neptune, No 07753	77
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 office another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	**************************************
Levy Closings PA " 7	
Name	
Florida street address (P/O. Box NOT acceptable)	
Portion Street address (P.O. Box Not acceptable)	
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 (PROFIRED) (CONTINUED)	

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager GR	Rick Dipilla 303 Monmouth Ave Neprone, NJ 07753	
	2	
	DZ4 NOV -	6
~	7 AM	
(Use attachment if necessary)	9: 47	*
ie date of filing.)	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed	
	10	
REOUIRED SIGNATURE:	Sett	
This document is executed in ac I am aware that any false inform	corplance with section 605 0203 (1) (b), Florida Statutes. atten submitted in a document to the Department of State as provided for in s.817.155, F.S.	
Typed	Jeffey D. Levy, Esq.	

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)

ARTICLE IV-