

L24000475320

(Requestor's Name)

(Address)

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☐ PICK-UP

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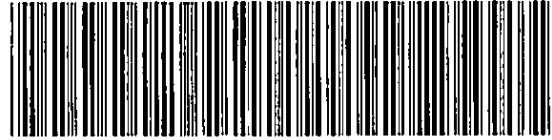
(Business Entity Name)

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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CB Las Olas, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

111 - Records Printing - Tallahassee, FL 32301

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

TALLAHASSEE FL STATE

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# ARTICLES OF ORGANIZATION FOR

**CB Las Olas, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

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STATE

## ARTICLE I: NAME

The name of the company is **CB Las Olas, LLC**

## ARTICLE II: PRINCIPAL OFFICE & MAILING ADDRESS

The principal office of the company is **4050 NE 1st Avenue, #117, Oakland Park, Florida 33334**

The mailing address of the company is **P.O. Box 24943, Fort Lauderdale, Florida 33307**

## **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

## **ARTICLE IV: MANAGEMENT**

The name and address of each initial party authorized to manage and control the Limited Liability Company is as follows.

**Catherine M. Banta, Manager, 4521 Sharon Rd, Suite 275, 4050 NE 1<sup>st</sup> Avenue, #117, Oakland Park Florida 33334**

The undersigned has executed these Articles of Organization for filing purposes this 12th day of November 2024.

/S/ **Gavin S. Banta**

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**Gavin S. Banta Authorized Representative of a Member.**

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JACKSONVILLE, FL

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is:

**CB Las Olas, LLC**

2. The name and street address of the registered agent and office is:

**Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ **Thomas P. Angelo**

**Thomas P. Angelo for Angelo & Banta, P.A.**

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STATE OF FLORIDA