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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

11/12/2024

D	ate:	11/12/2024	- w: DW
		Acc#I20160000072	4: C) V
Name:	505 Sea Pa	alms, LLC	
Document #:			
Order #:	15973750		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			ZOZ4 NOV 12 AH 9: 47 RALLAHASSEE FL
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified Plain: COGS:	i: 🚺	Email Address for Annual Report Notifications detailsx3.as@gmail.com
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount	:\$ 155.00	

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	R	I.	\mathbf{IC}	I.E.	l -	N	a	me	:
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The name of the Limited Liability Company is:

505 Sea Palms, 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:

Principa	l Office Address:		Mailing Addr	2024 NOV
6748 Houlton Circle		<u>G</u>	748 Houlton Circle	7
Lake Worth, Florida 3	3467	<u> </u>	ake Worth, Florida 33467	<u> </u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac-	ctive Florida registratio	on.)	gent's Signature: nt. You must designate an inc	2 AM 9: 47 ASSEB FL dividual FL
	CT Corporation Syst	tem		
		Name		
	1200 S Pine Island R	ld #250		
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	Plantation	_Florida	33324	
	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..

Madonna Cuddihy
Registered Agent's Signature (REQUIRED)

Madonna Cuddiliy, Assistant Secretary

(CONTINUED)

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:	
AMBR	Sorin Stefanescu 6748 Houlton Circle Lake Worth, Florida 33467	
AMBR	Miriam Stefanescu 6748 Houlton Circle Lake Worth, Florida 33467	
	2024 HO	42
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(Use attachment if necessary)	AM 9: 47 SEE, FL	Ç
effective date is listed, the date muate of filing.)	the date of filing: N/A (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day ones not meet the applicable statutory filing requirements, this date will not be partment of State's records.	
ICLE VI; Other provisions, if any.		<u>. </u>
REQUIRED SIGNATURE:		_
	/s/ Miriam Stefanescu	
This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.	

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Miriam Stefanescu, Authorized Representative
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)