

L24000479SSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

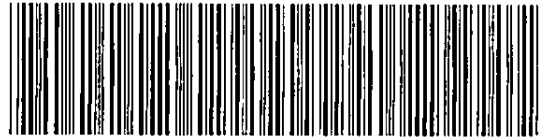
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2024 NOV 14 AM 9:47

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

MS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 11/14/2024

PRIORITY Regular Approval

OUR REF # (Order ID) 1317483

ORDER ENTITY
SATORI EQUITY ONE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SATORI EQUITY ONE LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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TALLAHASSEE, FL
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Satori Equity One 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:

2000 South Highway A1A, Apt N404
Jupiter, FL 33477

2000 South Highway A1A, Apt N404
Jupiter, FL 33477

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:

Jacqueline Crowley

Name

2000 South Highway A1A, Apt N404

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

Jupiter

Florida

33477

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.

DocuSigned by:

By: Jacqueline Crowley

TEP0783H7A50410

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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

Jacqueline Crowley
2000 South Highway A1A, Apt N404
Jupiter, FL 33477

AMBR

Abigail Crowley
2000 South Highway A1A, Apt N404
Jupiter, FL 33477

Figure 1: A line graph showing the percentage of respondents who believe that the use of force is justified in various circumstances. The x-axis represents the percentage of respondents who believe that the use of force is justified, ranging from 0% to 100%. The y-axis represents the percentage of respondents who believe that the use of force is justified, ranging from 0% to 100%. The graph shows that the majority of respondents believe that the use of force is justified in all circumstances, with the highest percentage of respondents (approximately 85%) believing that the use of force is justified in all circumstances. The percentage of respondents who believe that the use of force is justified in some circumstances is approximately 15%.

(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:

- DocuSigned by:

Jacqueline Crowley

~~REF ID: A66469410~~

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.

Jacqueline Crowley

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)