1.2400483110

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	<u>_</u>
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Si	tatus
Special Instructions to	Filing Officer.	





100439318301

11/12/24--01012--007 **125.00

COVERLETTER

	New Filing Sec Division of Cor				
SUBJEC		LM BREEZE, LLC			
SODJEC	·	Name of Li	mited Liabilit	y Company	
The enclos	sed Articles of	Organization and fee(s) a	re submitted i	or filing.	
Please reti	urn all correspo	ondence concerning this m	atter to the fo	llowing:	
	BENJAMIN	P. SHENKMAN, ESQ.,	B.C.S.		
			Name of I	Person	
	GONZALEZ	SHENKMAN & BUCK	STEIN, P.L.		
			Firm/Con	npany	
	110 PROFES	SSIONAL WAY			
			Addre	88	
	WELLINGT	ON, FL 33414			
	ONEHOUR4:	ME@OUTLOOK.COM	City/State and	Zip Code	
	I	E-mail address: (to be usee	I for future ar	nual report notification	on)
or further i	information co	ncerning this matter, pleas	e call;		
	Benjamin P. S	•	61	227-1575	
	Name		vrea Code	Daytime Telephone	Number
Enclosed i	is a check for th	ne following amount:			
≣\$125.00	9 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assec. FL 32314	7 1 2	Street Address New Filing Section Div The Centre of Tallahas (415 N. Monroe Street Tallahassee, FL 32303	ssee t. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
LOT 7 PALM BREEZE, LLC		
(Must contain the word	ds "Limited Liability Cor	npany, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the I	imited Liability Company is:
Principal Office Ac	<u>ddress</u> :	Mailing Address:
7379 E OAKRIDGE CIR		7379 E OAKRIDGE CIR
LANTANA, FL 33462		LANTANA, FL 33462
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florid The name and the Florida street address of the service of	e as its own Registered a la registration.)	
	-	
DIANE	M. ROBINSON Name	
	Name	
7379 E C	OAKRIDGE CIR	
Florida s	street address (P.O. Box	NOT acceptable)

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. Thereby 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.

State

Zip

LANTANA

City

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized N	Name and Address:	
	ACHIOCI	
"MGR" = Manager		
MGR	DIANE M. ROBINSON	
	7379 E OAKRIDGE CIR	
	LANTANA, FL 33462	
	· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other controls is the definition of the filling.)	ner than the date of filing:	or 90 da
E V: Effective date, if otherwise date is listed, the diffiling.) the date inserted in this hand is effective date on the date of the date	ner than the date of filing:	or 90 da
E V: Effective date, if other tive date is listed, the diffiling.) the date inserted in this hent's effective date on the EVI: Other provisions, if	ner than the date of filing:	or 90 da
EV: Effective date, if other ctive date is listed, the defiling.) the date inserted in this hand's effective date on the EVI: Other provisions, if	ner than the date of filing:	or 90 da
EV: Effective date, if other effective date is listed, the defilling.) the date inserted in this hand's effective date on the EVI: Other provisions, if	ner than the date of filing:	or 90 da
E V: Effective date, if other entire date is listed, the diffiling.) the date inserted in this henent's effective date on the EVI: Other provisions, if	ner than the date of filing:	or 90 da
E V: Effective date, if other entire date is listed, the diffiling.) the date inserted in this henent's effective date on the EVI: Other provisions, if	ner than the date of filing:	or 90 da
E V: Effective date, if other tive date is listed, the diffiling.) the date inserted in this hence is effective date on the E VI: Other provisions, if the E VI: Other provisions if the E	IRE: Care Manusconding: Copyrights and cannot be more than five business days prior to block does not meet the applicable statutory filing requirements, this date whe Department of State's records. Cany. Care Manusconding and the statutory filing requirements, this date when Department of State is records. Care Manusconding and the statutory filing requirements, this date when Department of a member of a member of a member of a member. Care Manusconding and the statutory filing requirements, this date when Department of a member of a	or 90 da
E V: Effective date, if other tive date is listed, the diffiling.) the date inserted in this hence is effective date on the E VI: Other provisions, if the E VI: Other provisions if the E	date must be specific and cannot be more than five business days prior to block does not meet the applicable statutory filing requirements, this date whe Department of State's records. Tany. JRE: Care Control Tany. JRE: Care Contro	or 90 da
retive date is listed, the diffiling.) the date inserted in this hand is effective date on the term of	IRE: Care Manusconding: Copyrights and cannot be more than five business days prior to block does not meet the applicable statutory filing requirements, this date whe Department of State's records. Cany. Care Manusconding and the statutory filing requirements, this date when Department of State is records. Care Manusconding and the statutory filing requirements, this date when Department of a member of a member of a member of a member. Care Manusconding and the statutory filing requirements, this date when Department of a member of a	or 90 da
E V: Effective date, if other entire date is listed, the diffiling.) the date inserted in this hinent's effective date on the E VI: Other provisions, if This doc I am away constitute.	Jack must be specific and cannot be more than five business days prior to block does not meet the applicable statutory filing requirements, this date whe Department of State's records. Tany. JRE: Care Control Tany and the member of an authorized representative of a member. The cument is executed in accordance with section 605.0203 (1) (b). Florida Stature that any false information submitted in a document to the Department of sets a third degree felony as provided for in s.817.155, F.S. HANE M. ROBINSON	or 90 da
E V: Effective date, if other entire date is listed, the diffiling.) the date inserted in this hinent's effective date on the E VI: Other provisions, if This doc I am away constitute.	IRE: Care Control of a member or an authorized representative of a member. January false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S. JANE M. ROBINSON Typed or printed name of signee	or 90 da
E V: Effective date, if other entire date is listed, the diffiling.) the date inserted in this hinent's effective date on the E VI: Other provisions, if This doc I am away constitute.	IRE: Care Control of a member or an authorized representative of a member. January false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S. JANE M. ROBINSON Typed or printed name of signee	or 90 da
E V: Effective date, if other tive date is listed, the diffiling.) the date inserted in this hinent's effective date on the E VI: Other provisions, if REQUIRED SESSATURES SIGNATURES AND ADDRESS AND	IRE: Care Control of a member or an authorized representative of a member. January false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S. JANE M. ROBINSON Typed or printed name of signee	or 90 da
E V: Effective date, if other tive date is listed, the defilling.) the date inserted in this henent's effective date on the E VI: Other provisions, if REQUIRED SECTATURES This does I am away constitute.	IRE: Care Control of a member or an authorized representative of a member. January false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S. JANE M. ROBINSON Typed or printed name of signee	or 90 da
E V: Effective date, if other ective date is listed, the defilling.) the date inserted in this henent's effective date on the EVI: Other provisions, if This doc I am away constitute.	IRE: Care Control of a member or an authorized representative of a member. January false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S. JANE M. ROBINSON Typed or printed name of signee	utes.