HONOR ORI

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A.

Account Number : 120200000171

Phone : (954)334-2250 Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA LIMITED LIABILITY CO. 2335 NE 172ND STREET BRIDGE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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DEC 18 2024

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COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		72ND STREET BR			
JUBIEC		Name	of Limited Li	ability Company	 .
The enclo	sed Articles of	Organization and fe	·e(s) are submi	tted for filing.	
Please ret	urn all correspo	ondence concerning	this matter to t	he following:	
	NICOLE M.	VILLARROEL, ES	SQ.		
			Nany	e of Person	
	OLIVE JUD	D, P.A.			
		-	Firm	/Company	
	2426 EAST	LAS OLAS BOULI	EVARD		
			A	ddress	
	FORT LAU	DERDALE, FL 333	01		
		NEL COLUMNIA	•	e and Zip Code	
		DEL@OLIVEJUDD		ire annual report notificat	ion)
For further		ncerning this matter		· · · · · · · · · · · · · · · · · · ·	,
		- VII.LARROEL	954 _at (334-2250	
	Nam	e of Person		e Daytime Telephor	
Enclosed i	is a check for t	he following amount	1:		
	0 Filing Fee	□S130.00 Filing Certificate of Sta	Fee & 🔲	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	☐S160.00 Filing Fee, \$\frac{1}{2}\$ Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O B	iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2335 NE 172ND STREET BRIDGE 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:

1200 N. FEDERAL HIGHWAY	1200 N. FEDERAL HIGHWAY
SUITE 226	SUITE 226
BOCA RATON, FL 33432	BOCA RATON, FL 33432

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:

OLIVE JUDD, P.A.

Name

2426 EAST LAS OLAS BOULEVARD

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

State

FORT LAUDERDALE FL

3301

City

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..

(CONTINUED)

Fax: Anonymous

ARTICLE IV-

(((H240004147893)))

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JAMES MASTROGIACOMO 1200 N. FEDERAL HIGHWAY, SUITE 226 BOCA RATON, FL 33432
	10001.1001011.112.334.72
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be s	te of filing:
ARTICLE V: Effective date, if other than the date if an effective date is listed, the date must be she date of filing.) Note: If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
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ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatury of a n This document is exect I am aware that any fall.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed

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)