

L24000 527010

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(City/State/Zip/Phone #)

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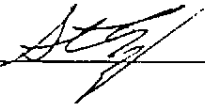
# CAPITAL CONNECTION, INC.

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

21665 SUTTERS LN LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



2024 OCT 20 PM 6:47

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| _____                               | Art of Inc. File _____               |
| _____                               | LTD Partnership File _____           |
| _____                               | Foreign Corp. File _____             |
| <input checked="" type="checkbox"/> | 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 _____                        |

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 21665 SUTTERS LN LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

MARIE ANNE ABELLA

Name of Person

21665 SUTTERS LN LLC

Firm Company

21665 SUTTERS LN

Address

BOCA RATON FL 33428

City State and Zip Code

marie050@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

MARIE ANNE ABELLA

561

289-0123

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

21665 SUTTERS LN 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:

21665 SUTTERS LN  
BOCA RATON FL 33428

Mailing Address:

21665 SUTTERS LN  
BOCA RATON FL 33428

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:

MARIE ANNE ABELLA

Name

21665 SUTTERS LN

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

BOCA RATON                      FL                      33428

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.*

Marie Abella

Registered Agent's Signature (REQUIRED)

(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

AMBR

**Name and Address:**

MARIE ANNE ABELLA

21665 SUTTERS LN

BOCA RATON FL 33428

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Marie Abella*

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.

MARIE ANNE ABELLA

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)