

2/12/21 Feb. 12. 2021 3:21PM

Division of Corporations

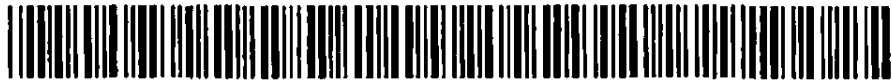
No. 0452

L21000058249

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000061208 3))



H210000612083ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 FEB 12 AM 9:49  
TALLAHASSEE, FLORIDA

FILED

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : RABIDEAU KLEIN  
Account Number : I20200000035  
Phone : (561)655-6221  
Fax Number : (561)655-3221

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

Email Address: DKLEIN@RABIDEAUKLEIN.COM

FLORIDA LIMITED LIABILITY CO.  
824 MARBELLA LANE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2021 FEB 12 PM 4:14

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** 824 MARBELLA LANE, 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:

DAVID E. KLEIN  
Name of Person

---

RABIDEAU KLEIN  
Firm/Company

---

440 ROYAL PALM WAY, SUITE 101  
Address

---

PALM BEACH, FL 33480  
City/State and Zip Code

---

DKLEIN@RABIDEAUKLEIN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARRETT ELLIS                      561                      655-6221  
Name of Person                      at (                      )                      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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

824 MARBELLA LANE, 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:**

3120 S. OCEAN BOULEVARD, APT 3-302  
PALM BEACH, FL 33480

3120 S. OCEAN BOULEVARD, APT 3-302  
PALM BEACH, FL 33480

**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:

DAVID E. KLEIN

Name

440 ROYAL PALM WAY, SUITE 101

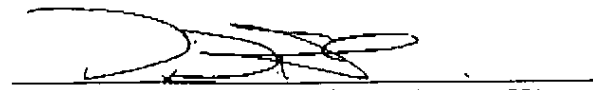
Florida street address (P.O. Box **NOT** acceptable)

<u>PALM BEACH</u>	<u>FL</u>	<u>33480</u>
City	State	Zip

SECRET  
TALLAHASSEE, FLORIDA  
2021 FEB 12 AM 9:49

FILED

*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.*



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

**Name and Address:**

MGR \_\_\_\_\_

MARILYN CORRADINI  
3120 S. OCENA BOULEVARD, APT. 3-302  
PALM BEACH, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2021 FEB 12 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(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:**



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.

DAVID E. KLEIN

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)