Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I20040000031

Phone : (800)906-9220

Fax Number : (800)906-9880

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

	Address.			
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FLORIDA LIMITED LIABILITY CO.

2725 Indian River LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

2725 Indian River 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:

760 NW Enterprise Drive	760 NW Enterprise Drive
Port St. Lucic, FL, 34986	Port St. Lucic, FL. 34986

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:

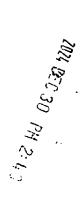
	Name	
760 NW Enterprise	Drive	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
	Florida	34986
Port St. Lucie	i wasaa	547141

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.

/s/Domenic lacovone

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Τρ: . .

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
MGR	Domenic Jacovone 760 NW Enterprise Drive Port St. Lucie, FL, 34986				
(Use attachment if necessary)					
(If an effective date is listed, the date must be spithe date of filing.)	of filing:				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
/s/Domenic lacovor	ne				
This document is execut I am aware that any falso	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.				
Domenie lacovor	ne Typed or printed name of signec				

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)