

L250000 31439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

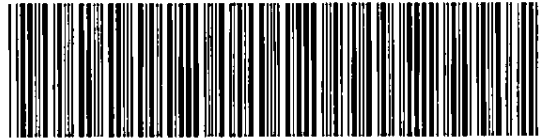
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 24 PM 9:47

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2025 JAN 24 PM 3:56

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MS

CAPITAL CONNECTION, INC.

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

NEDE 341 LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- 2025 JUN 24 PM 9:47
- FILED
- ____ Art of Inc. File _____
 - ____ LTD Partnership File _____
 - ____ Foreign Corp. File _____
 - ____ 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 _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEDE 341 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:

PAUL A. KRASKER, ESQ

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/Company

1615 FORUM PLACE 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

AMURPHY@KRASKERLAW.COM

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

For further information concerning this matter, please call:

ANDREA MURPHY SNOWDEN 561 515-4722
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEDE 341 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:

341 EDEN ROAD

PALM BEACH, FL 33480

Mailing Address:

341 EDEN ROAD

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:

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Name

1615 FORUM PLACE, 5TH FLOOR

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

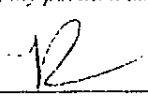
WEST PALM BEACH FLORIDA 33401

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 _____

LAURI CORNELL
341 EDEN ROAD
PALM BEACH, FL 33480

(Use attachment if necessary)

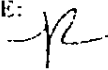
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

PAUL A. KRASKER

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)