(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Constitution of the Consti
Special Instructions to Filing Officer:

Office Use Only



300375311493

2021 NOV 23 AH 11: 34 A TWED

2921 NO Y 23 PH 12: 08

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 263075 7977112
AUTHORIZATION Spelle Rena
COST LIMIT : (\$\frac{1}{25.00}\)
ORDER DATE: November 22, 2021
ORDER TIME : 10:0 AM
ORDER NO. : 263075-005
CUSTOMER NO: 7977112
DOMESTIC FILING
NAME: 221 9TH ST S 324, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
DEDAGE DEGERM GUE GOLLOWING NO DROOM OF BILING
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Wil Special Program - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Se Division of Co						
SUBJE	221 9TH	ST S 324, LLC					
JUDJE	C1	Name of L	Limited Liab	ility Company			
The enc	losed Articles o	f Organization and fee(s)	are submitte	ed for filing.			
Please n	eturn all corresp	ondence concerning this i	matter to the	following:			
	Morgan Hil	la					
			Name o	of Person		<u></u>	
	Woods, Wei	idenmiller, Michetii & Ru	ıdnick, LLP				
			Firm/C	ompany			
	9045 Strada	Stell Court, 4th Floor					
			Ado	lress			
	Naples/FL 3	34109					
	mhila@lawfi	rmnaples.com	City/State a	nd Zip Code			
		E-mail address: (to be use	d for future	annual report notificat	ion)		
For further	information co	oncerning this matter, plea	se call:				
	Morgan Hila	at (239	325-4070			
	Nam		Area Code	Daytime Telephon	e Number		
Enclosed	is a check for t	he following amount:					
⊟\$ 125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	is 5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 Filing Certificate of Sta Certified Copy (additional copy is	itus &	
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssec et, Suite 810	PH 12: 08	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na			
The name of the L	imited Liability Company is:		
221 97	TH ST S 324, LLC		
22171	(Must contain the words "Limited	Liability Company	v "I.I.C "or "I.C.")
	(ast contain the Norda Dillinoa	Diadinty Company	y, 2.2.c., or 22c.)
ARTICLE II - Ac			
The mailing addre	ss and street address of the principal	office of the Limite	ed Liability Company is:
	Principal Office Address:		Mailing Address:
221 9T	H ST S Unit 324	24	4 Mystic View Lane
	Florida 34102		pylestown, PA 18901
(The Limited Liabi	egistered Agent, Registered Office, ility Company cannot serve as its own entity with an active Florida registration	Registered Agent	. You must designate an individual or
The name and the l	Florida street address of the registered	d agent are:	
	WWMR STATUTO	RY AGENT, LLC	·
		Name	
	9045 Strada Stell Co	ourt, 4th Floor	
	Florida street addres		acceptable)
		,	•
	Naples	FL	34109
	City	State	Zip
place designated in the further agree to comp	his certificate, I hereby accept the app ply with the provisions of all statutes re accept the obligations of my position	ointment as registe elaying to the prope as registered agent	the above stated limited liability company at the gred agent and agree to act in this capacity. It are and complete performance of my duties, and to as provided for in Chapter 605, F.S
			• •
		,	•

D ED SELECTION 23 PHI2: 0€

ARTICLE IV-

<u>Title:</u>	d	Name and Address:		
"AMBK" = Au "MGR" = Man	horized Member			
	igei			
MGR	- 	Nancy Marie Santacecilia 24 Mystic View Lane		
		Doylestown, PA 18901		
			,-	•
MGR		Michael Santacecilia		
		24 Mystic View Lane		
		Doylestown, PA 18901		
				
	·			
effective date is lis te of filing.) If the date inserte	ate, if other than the di ed, the date must be I in this block does no	ate of filing: (OPTION specific and cannot be more than five business days prion to meet the applicable statutory filing requirements, this day	r to or 90	•
CLE V: Effective of effective date is liste of filling.) If the date inserted	ate, if other than the di ed, the date must be I in this block does no date on the Departme	specific and cannot be more than five business days prion of meet the applicable statutory filing requirements, this da	r to or 90	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other pro-	ate, if other than the died, the date must be I in this block does no date on the Departmerisions, if any.	specific and cannot be more than five business days prion of meet the applicable statutory filing requirements, this da	r to or 90 te will not	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other pro-	ate, if other than the died, the date must be I in this block does no date on the Departmentisions, if any. GNATURE:	specific and cannot be more than five business days prion to meet the applicable statutory filing requirements, this day not of State's records.	r to or 90 te will not	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other pro-	ate, if other than the died, the date must be I in this block does no date on the Departmerisions, if any.	specific and cannot be more than five business days prion to meet the applicable statutory filing requirements, this day not of State's records.	r to or 90 te will not	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other properties of the propertie	ate, if other than the died, the date must be I in this block does no date on the Department risions, if any. GNATURE: Nump Signature of a 1 This document is executed an aware that any face.	specific and cannot be more than five business days prion to meet the applicable statutory filing requirements, this day not of State's records.	r to or 90 te will not Statutes.	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other properties of the propertie	ate, if other than the died, the date must be I in this block does no date on the Department risions, if any. GNATURE: Nump Signature of a 1 This document is executed an aware that any face.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lise information submitted in a document to the Department ree felony as provided for in s.817.155, F.S.	r to or 90 te will not Statutes.	•
CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLE VI: Other properties of the propertie	ate, if other than the died, the date must be I in this block does no date on the Department risions, if any. GNATURE: Number Signature of a in this document is executed a may a constitutes a third degree.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lise information submitted in a document to the Department ree felony as provided for in s.817.155, F.S.	r to or 90 te will not Statutes.	be liss
CLE V: Effective of effective date is list of filling.) If the date inserter cument's effective of the cument's effective	ate, if other than the died, the date must be I in this block does no date on the Departme risions, if any. GNATURE: Numy No. Signature of a in this document is exert am aware that any faconstitutes a third deging the Nancy Marie S.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lise information submitted in a document to the Department ree felony as provided for in s.817.155, F.S. santacecilia Typed or printed name of signee Filing Fees:	r to or 90 te will not Statutes.	be liss
CLE V: Effective of effective date is list of filling.) If the date inserted current's effective of the current's effective of t	ate, if other than the died, the date must be I in this block does no date on the Departme risions, if any. GNATURE: Numy No. Signature of a in this document is exert am aware that any faconstitutes a third deging the Nancy Marie S.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida lise information submitted in a document to the Department ree felony as provided for in s.817.155, F.S. santacecilia Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	r to or 90 te will not Statutes.	•