

L21000505815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

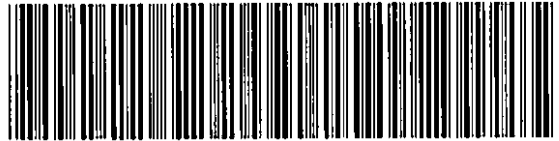
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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12/01/21--01005--014 **125.00

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STATE
FL



Department of State

Division of Corporations

Date: 12/01/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: 100 North Apts. GP LLC

Requester: Meridian

Order: 13598838

COVER LETTER

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

SUBJECT: 100 North Apts GP 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:

Myron McNeil
Name of Person
DMMD Holdings LLC
Firm/Company
10524 Moss Park Ste 204-260
Address
Orlando, FL 32832
City/State and Zip Code
admin@a-commodity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myron McNeil at (321) 465-7077
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

100 North Apts GP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2021 DEC -1 PM 1:17
SEC. OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10524 Moss Park Road Ste 204-260
Orlando, FL 32832

Same as Principal Address

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:

Myron McNeil

Name

10524 Moss Park Road Ste 204-260

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

Orlando

FL

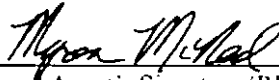
32832

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)

