

L22000347547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

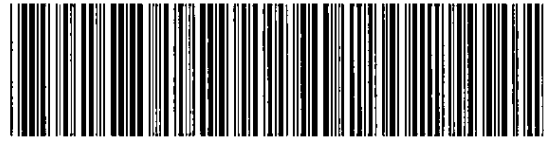
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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S. CHATHAM
AUG - 9 2022

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2022 AUG - 9 PM 1:50

RECEIVED

22 AUG - 9 AM 7:19

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/09/22

NAME: ESPLANDE 4PLEX 1, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

22 AUG -9 11:14

Handwritten signatures in black ink, appearing to be the names of the individuals mentioned in the authorization field.

COVER LETTER

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

SUBJECT: Esplande 4Plex 1,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:

Zachary Wooldridge

Name of Person

BOYA Development, LLC

Firm/Company

2293 Frontera St

Address

Navarre/FL/32566

City/State and Zip Code

zach@boyadevelopment.com

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

22 AUG -9 3:10 PM

For further information concerning this matter, please call:

Zachary Wooldridge 850 517-0751

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Esplande 4 Plex 1,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:

8668 Navarre Pkwy Suite 158

8668 Navarre Pkwy Suite 158

Navarre,FL 32566

Navarre,FL 32566

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:

W Realty Rental Group,LLC

Name

8668 Navarre Pkwy Suite 158

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

Navarre

Florida

32566

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.

W Realty Rental Group,LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG - 9 AM 7:20

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 _____

W Realty Rental group, LLC
8668 Navarre Pkwy, Suite 158
Navarre, FL 32566

MGR _____

Blue Starfish Properties, LLC
4515 Chumuckla Hwy
Pace, FL 32571

22 AUG - 9 AM 7: 20

(Use attachment if necessary)

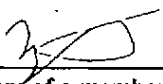
ARTICLE V: Effective date, if other than the date of filing: 08/08/2022 (OPTIONAL)

(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.

Zachary Wooldridge

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent