

L24000187483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

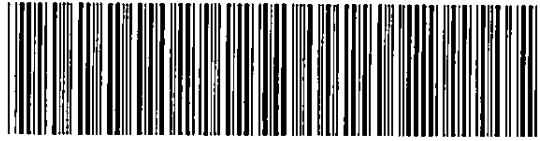
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/25/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1250883

ORDER ENTITY

LA JAULA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LA JAULA, LLC (FL)

Please file the attached articles and provide a certified copy and certificate of status.

NOTES:

\$160.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: La Jaula, 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:

Michael Stringfellow, Paralegal
Name of Person
Garfunkel Wild, PC
Firm/Company
111 Great Neck Road, 6th Floor
Address
Great Neck, NY 11021-5406
City/State and Zip Code
mstringfellow@garfunkelwild.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stringfellow at (516) 393-2578
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:

La Jaula, L.L.C
(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: 1219 N. Lakeside Drive, Lake Worth Beach, FL 33460
Mailing Address: PO Box 5244, Bay Shore, NY 11706

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:

Garfunkel Wild, P.C.
Name
401 East Las Olas Blvd, Suite 1423
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale Florida 33301
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.

/s/ Susan L. St. John
Registered Agent's Signature (REQUIRED)
By: Susan L. St. John, Esq.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Michael McDyer, as Trustee of the Michael McDyer
Revocable Trust
PO Box 5244, Bay Shore, NY 11706

AMBR _____

Andrew Allt, as Trustee of the Andrew Allt Revocable Trust
PO Box 5244, Bay Shore, NY 11706

(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.

The purposes which the limited liability company is formed, includes, but is not limited to, are any and all other
activities for which limited liability companies may be formed in the State of Florida, including,
but not limited to, real estate operations and holdings.

REQUIRED SIGNATURE:

/s/ Andrew Allt

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.

Andrew Allt, as Trustee of the Andrew Allt Revocable Trust (AMBR)

Typed or printed name of signer

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)

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