## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

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## FLORIDA LIMITED LIABILITY CO. SANIBEL MANAGMENT LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



| ARTICLES O  | FORGANIZATION FO        | R FLORDA LIMIE          | ED LIABILYTY COMPANY                                      |
|---|-------------------------|-------------------------|---|
| ARTICLE 1 - Name:<br>The name of the Limited Liabilit   | y Company is:           |                         |   |
| SANIBEL MANAG<br>(Must end  |                         | ed Linbility Compa      | ny, "L.L.C.," or "LI.C.")                                 |
| ARTICLE II - Address:<br>The mailing address and street ad  | ddress of the principal | office of the Limite    | ed Liability Company is:                                  |
| Princip   | d Office Address:       |                         | Mailing Address:  |
| 1521 S.W. 47th Terr,  | Stc. 104                | <b>P</b> , (            | O. Box 160284   |
| Cape Coral, FL 3391   | 4                       |                         | pe Coral, FL 33910  |
| ARTICLE III - Registered Age<br>(The Limited Liability Company<br>another business entity with an a | cannot serve as its ow  | п Registered Agent      | ent's Signature:<br>. You must designate an individual or |
| The name and the Florida street a   | ddress of the register  | ed agent are:           |   |
|   | Phil Cohen              |                         |   |
|   |                         | Name                    |   |
|   | 1521 S.W. 47th Ter      | r., Ste. 104            |   |
|   | Florida street addre    | ss (P.O. Box <u>NOT</u> | acceptable)   |
|   | Cape Corat              | EL                      | 33914   |
|   | 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.

X->

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

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| Title: "AMBR" = Authorized Member  | Name and Address:  |
|--|--|
| "MGR" = Manager  |  |
| AMBR   | Srikanth Theivendran   |
|  | 804 S.E. 18th Ct., Apt. 2  |
|  | Ft. Lauderdale, FL 33316   |
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| (Use attachment if necessary)  |  |
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Page 2 of 2

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

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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