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

Office Use Only



200339968182

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:

1/29/20

NAME:

SANTORINI BY GEORGIOS, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	New Filing 8 Division of C				
SUBJEC	Santorini	by Georgios, LLC			
		Name of	Limited Liab	ility Company	
The encl	osed Articles o	of Organization and fee(s	are submitte	ed for filing.	
Please re	turn all corres	pondence concerning this	s matter to the	following:	
	Jonathan L	eder			
			Name o	of Person	
	Nautilus L	egal Services, P.A.			
			Firm/C	Отралу	
	150 SE 2nd	d Ave Suite PH-1			
			Ado	lress	
	Miami, FL	33131			
		corgioshospitality.com	City/State a	nd Zip Code	-
	georgrosæge	E-mail address: (to be u	sed for future	annual report notificati	ion)
For further	information co	oncerning this matter, ple	case call:		
	Jonathan Le	der	305	514-0600	
	Nan			Daytime Telephon	e Number
Englosed	is a check for t	the following amount:			
	0 Filing Fee	\$130.00 Filing Fce Certificate of Status	Certi	55.00 Filing Fee & fied Copy	□\$160.00 Filing Fee, Certificate of Status &
			(additio	nal copy is enclosed)	Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	
		iling Section on of Corporations		New Filing Section D: The Centre of Tallaha	
	P.O. B	lox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	
	1 911911	44000, 1 20 0 20 1 1		•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Lial	nility Company is:		
Santorini by Geor			_
(Must co	onatin the words "Limite	d Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the l	Limited Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
9713 Saratoga Par Boca Raton, FL 3	k Ct. 3428		9713 Saratoga Park Ct. Boca Raton, FL 33428
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its ow n active Florida registrat	m Registered / ion.) ed agent are:	ed Agent's Signature: Agent. You must designate an individual or
	150 SE 2nd Ave Su Florida street addre		NOT
	riorida street addre	ss (F.O. Dux <u>F</u>	NOT acceptable)
	Miami	FL	33131
	City	State	Zip
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes r bligations of my position	pointment as re relating to the p aspregistered of	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)

2020 JAH 29 PH 3: 15

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Georgios Vogiatzis
MOR	9713 Saratoga Park Ct.
	Boca Raton, FL 33428
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) CLE V: Effective date, if other than the deffective date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not be comment's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date in this block does not be the date inserted in this block does not be the date in the date in this block does not be the date in t	ot meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not be comment's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deflective date is listed, the date must be te of filing.) If the date inserted in this block does not comment's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ot meet the applicable statutory filing requirements, this date will not be lead of State's records. The state of State
CLE V: Effective date, if other than the deflective date is listed, the date must be te of filing.) If the date inserted in this block does not be cument's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exer	to t meet the applicable statutory filing requirements, this date will not be least of State's records. The state of State's records. The state of a member of an authorized representative of a member. The state of state of a member of a member. The state of a member
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not be current's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	ot meet the applicable statutory filing requirements, this date will not be lead of State's records. The state of State
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be current's effective date on the Department's effective date on the Department'	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not be current's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the deflective date is listed, the date must be ste of filing.) If the date inserted in this block does not be current's effective date on the Department's effective date on the Department	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

ARTICLE IV-