

L20000254651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

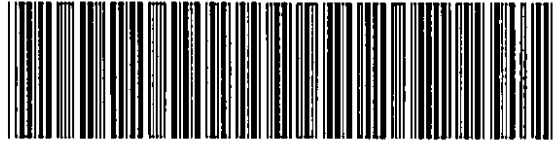
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**SANDY ALAN LEVITT, P.A.**

**Attorney at Law**

**2201 Ringling Boulevard, Suite 203**

**Sarasota, Florida 34237**

**SALevitt.PA@verizon.net**

**Telephone (941) 955-9993**

**(941) 954-0281 Facsimile**

August 6, 2020

***VIA FEDEX***

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

***RE: 9185 MPASS, LLC***

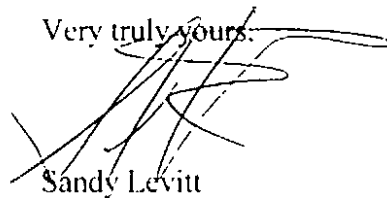
Dear Sir or Madam:

Enclosed for filing with your office, please find the original of Articles of Organization regarding the above referenced limited liability company. Also enclosed is a check in the amount of \$125.00 payable to the Division of Corporations.

After your review of the enclosed, please file same with your office. Please do not hesitate to contact me should you have any questions.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sandy Levitt", is written over the typed name. The signature is stylized with a large, sweeping initial 'S' and a horizontal line extending to the right.

Sandy Levitt

SAL:bc

Enclosure

***ARTICLES OF ORGANIZATION***

***OF***

***9185 MPASS, LLC***

***ARTICLE I***

**NAME**

The name of the limited liability company is 9185 MPass, LLC.

***ARTICLE II***

**ADDRESS**

The mailing address of the limited liability company's principal office is 1182 Horizon View Drive, Sarasota, Florida 34242.

The street address of the limited liability company's principal office is 1182 Horizon View Drive, Sarasota, Florida 34242.

***ARTICLE III***

**DURATION**

The period of duration for the limited liability company shall be perpetual.

***ARTICLE IV***

**MANAGEMENT**

The limited liability company is to be managed by the members who are designated, appointed, or elected to act as an Authorized Member (AMBR) in accordance with the Operating Agreement of the limited liability company. The initial names and addresses of the Authorized Members of the company are as follows:

DAVID RUBINFELD

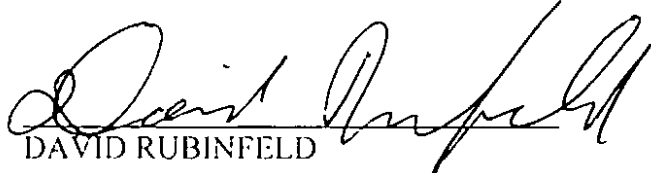
1182 Horizon View Drive  
Sarasota, Florida 34242

FILED  
20 JUN -7 AM 10:00  
CLERK OF DISTRICT COURT  
SARASOTA COUNTY, FLORIDA

GAIL RUBINFELD

1182 Horizon View Drive  
Sarasota, Florida 34242

In accordance with Chapter 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
DAVID RUBINFELD  
Authorized Member

***CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE***

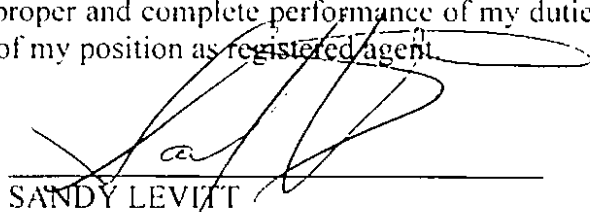
UNDER THE PROVISIONS OF SECTION 605.0113 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is 9185 MPass, LLC.

The name and the street address of the registered agent are:

Sandy Levitt  
2201 Ringling Blvd., Suite 203  
Sarasota, Florida 34237

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.

  
SANDY LEVITT  
Registered Agent for 9185 MPass, LLC

00 AUG - 7 AM 10:00  
OFFICE OF THE CLERK  
STATE OF FLORIDA