La1000282406

(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



500368209215

06/17/21--01001--018 **160.00 FILED **160.00 FILED TALLAHASSEE, F

RECEIVED

			1	
		COVER LET	TER	
TO: New Filing S	Section		į	
O O	Corporations			
3481 Tra	avertine Circle TN L	LC		
	Nar	ne of Limited Liab	ility Company	-
The enclosed Articles	of Organization and	fce(s) are submitte	d for filing.	
Please return all corre	spondence concernin	g this matter to the	following:	
Michelle	E Winiecki			
		Name o	f Person	
Fusion M	anagement & Realty	Group LLC	·	
		Firm/C	ompany	
2801 Frui	tville Road Suite 120	i.		
		Ado	lress	
Sarasota F	FL 34237			
		City/State a	nd Zip Code	
michelle@	fusionsrq.com			
			annual report notificat	ion)
For further information	concerning this matt	er, please call:		
Michelle I	E Winiecki	941 at {	554.8958	
N	ame of Person	Area Code	Daytime Telephon	ne Number
Enclosed is a check for	or the following amou	m:	•	
□S125.00 Filing Fee	□\$130.00 Filin Certificate of S	tatus Certi	55.00 Filing Fee & fied Copy nat 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

FILED

2021 JUH 16 PM 1: 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF STATE

RTICLE I - Name:		TALLAHASS	
he name of the Limited Liability Company	is:	10.1 3	
3481 Travertine Circle TN LLC			
(Must contain the word	ls "Limited Liability Comp	pany, "L.L.C.," or "LLC.")	
RTICLE II - Address:			
he mailing address and street address of the	principal office of the Lin	mited Liability Company is:	
Principal Office Ac	<u>idress</u> :	Mailing Address:	
2801 Fruitville Road Suite 120		same as Principal Office Address	
Sarasota FL 34237		· · · · · · · · · · · · · · · · · · ·	
The Limited Liability Company cannot servenother business entity with an active Florid The name and the Florida street address of the	a registration.)	gent. You must designate an individual or	
•	T 33.00 - 1 - 1 - 1		
Michelle	r. Winiecki		
Michelle	Name		
2801 Fru	Name	OT acceptable)	
2801 Fru	Name itville Road Suite 120	OT acceptable)	
2801 Frui Florida s	Name itville Road Suite 120 treet address (P.O. Box <u>N</u> e		
2801 Frui Florida s Sarasota	Name itville Road Suite 120 treet address (P.O. Box No. 120) FL City State	34237 Zip	
2801 Frui Florida s <u>Sarasota</u> aving been named as registered agent and to	Name itville Road Suite 120 treet address (P.O. Box No. 12) FL City State accept service of process for	34237 Zip For the above stated limited liability company at	
2801 Frui Florida s <u>Sarasota</u> aving been named as registered agent and to lace designated in this certificate, I hereby acc	Name itville Road Suite 120 treet address (P.O. Box No. 120 FL City State accept service of process for the appointment as reg	34237 Zip	

(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 Mer "MGR" = Manager	mber	
MGR	Michelle E Winiecki 2801 Fruitville Road Suite 120 Sarasota FL 34237	2
	Sarasota T C 34237	2021 JUN 16
	유교 주지 SS O	
		PM 1: 2
	——————————————————————————————————————	27
(Use attachment if necessary	у)	
If an effective date is listed, the date the date of filing.) Note: If the date inserted in this block.	than the date of filing: <u>June 15. 2021</u> . (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 d ck does not meet the applicable statutory filing requirements, this date will not be	
he document's effective date on the RTICLE VI: Other provisions, if an		
		
REQUIRED SIGNATURE	$\mathbf{G}(\mathbf{A}, \mathbf{A}, \mathbf{A}) = \mathbf{G}(\mathbf{A}, \mathbf{A})$	
_ Uu	Leelel Winerale	
This docum I am aware t	neuture of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	
Mich	nelle E Winiecki	
	Typed or printed name of signee	

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)