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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO | Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850.656.7953

850-245-6051

REQUEST DATE 7/23/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 937606

ORDER ENTITY 28 WEST PINE, LLC

						
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28 WEST PINE, LLC (FL)

New LLC filing

NOTES:

\$125.00 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	- Name:	
The name of	be Limited Liebi	lies

The name of the Limited Liability Company is:

28 West Pine, LLC

(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:	Mailing Address:
28 West Pine Avenue	28 West Pine Avenue
St. George Island, Florida 32328	St. George Island, Florida 32328

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:

Steven G. Ganim		
	Name	
1825 NW Corporate	Boulevard, Suite 110	•
Florida street addre	ss (P.O. Box <u>NOT</u> acc	reptable)
Boca Raton	Florida	33431
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUL 23 PH 12: 10

ARTICLE IV-

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

AMBR Survivors Real Estate Holdines, LLC 28 West Pine Avenue St. George Island, Florida 32328 Jse attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) ned date inserted in this block does not meet the applicable statutory filing requirements, this date will nearly efficiently date on the Department of State's records. VI: Other provisions, if any. 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. Steven G. Ganim 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)	AMBR" = Authorized Member	
Survivors Real Estate Holdings, LLC 28 West Pine Avenue. St. George Island. Florida 32328 V: Effective date, if other than the date of filing:	'MGR" = Manager	
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