

Mar. 22, 2023 1:23 PM
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
 L23000133348

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : PETERSON & MYERS PA
 Account Number : 120080000078
 Phone : (863)683-6511
 Fax Number : (863)688-8099

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
 4 Tenths Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4 TENTHS MANAGEMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

CRAIG B. HILL, ESQ.
Name of Person
PETERSON & MYERS, P.A.
Firm/Company
225 E. LEMON ST., SUITE 300
Address
LAKELAND, FL 33801
City/State and Zip Code
CHILL@PETERSONMYERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG B. HILL, ESQ. 863 683-6511
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional 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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4 TENTHS MANAGEMENT, 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:

25007 71ST AVE. E
MYAKKA CITY, FL 34251

25007 71ST AVE. E
MYAKKA CITY, FL 34251

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.)

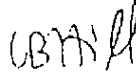
The name and the Florida street address of the registered agent are:

CRAIG B. HILL, ESQ.
Name

225 E. LEMON ST., SUITE 300
Florida street address (P.O. Box **NOT** acceptable)

LAKELAND FL 33801
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)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JOAO J. DACOSTA
25007 71ST AVE. E
MYAKKA CITY, FL 34251

MGR

DANIELLE DACOSTA
25007 71ST AVE. E
MYAKKA CITY, FL 34251

(Use attachment if necessary)

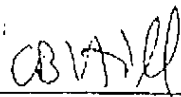
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

CRAIG B. HILL, ESQ., AUTHORIZED REPRESENTATIVE
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)

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F.L.D.
STATE DEPARTMENT OF REVENUE
TAMARA S. J. QUINN

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