

PLEASE HONOR 4/27/23 SUBMISSION DATE 2ND ATTEMPT

Florida Department of State
L23000215114

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000158040 3)))



H230001580403ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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.
915 8TH ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
2023 MAY -1 PM 3:31
CORPORATIONS
CAPITOL SERVICES

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Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Thursday, April 27, 2023 4:25 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20230427_152518_00006C39-0000.pdf

Create Time: 04/27/2023 03:15:39 PM
Schedule Time: 04/27/2023 03:25:18 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H23000158040
Max tries: 5
Try interval: 600
Priority: 3
Pages: 5
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 915 8TH ST 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:

JOE SHINGARY

Name of Person

Firm/Company

2336 SE OCEAN BLVD

Address

#333

City/State and Zip Code

STUART, FLORIDA 34996

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE SHINGARY

772

631 5874

at ()

Name of Person

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

915 8TH ST 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:

2336 SE OCEAN BLVD #333
STUART, FLORIDA 34996

2336 SE OCEAN BLVD #333
STUART, FLORIDA 34996

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:

JOE SHINGARY

Name

2336 SE OCEAN BLVD #333

Florida street address (P.O. Box ~~NOT~~ acceptable)

STUART

FLORIDA

34996

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

JOE SHINGARY

2336 SE OCEAN BLVD #333
STUART, FLORIDA 34996

GRETCHEM GAEBEL

2336 SE OCEAN BLVD #333
STUART, FLORIDA 34996

(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.

JOE SHINGARY

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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