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SECRETARY OF STATE

2878 DEC -4 PK 12: 17



## COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	201 SBV LLC			
JUDJE		nited Liability Company		
The encl	closed Articles of Organization and fee(s) are	e submitted for filing.		
Please ro	return all correspondence concerning this ma	atter to the following:		
	Michelle E Winiecki			
		Name of Person		
	Fusion Management Realty Group			
		Firm/Company		
	1510 Stickney Point Road #406			
	Address			
	Sarasota FL 34231			
	C michelle@gcpmgt.com	ity/State and Zip Code		
	E-mail address: (to be used	for future annual report notifica	tion)	
For furthe	er information concerning this matter, please	e call:		
		4i 809.3404		
		rea Code Daytime Telepho	ne Number	
Enclosed	ed is a check for the following amount:			
\$125.00	O Filing Fee S130.00 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	Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2828 DEC -4 PM 12: 17

The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FL
201 SBV LLC	, F
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1510 Stickney Point Road #406	1510 Stickney Point Road #406
Sarasota FL 34231	Sarasota FL 34231

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:

Michelle E Winiec	:ki	
	Name	
1510 Stickney Poi	nt Road #406	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Sarasota	FL	34231
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 l 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)

4	D.	TI	01	F	$W_{-}$

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

	Title: "AMBR" = Authorized Me	Name and Address:	
	"MGR" = Manager AR	Michelle E Winiecki  1510 Stickney Point Road #406  Sarasota FL 34231	
	AMBR	Sarasota Boatyard Village LLC 1510 Stickney Point Road #406 Sarasota FL 34231	HARIAN MATERIAL
	(Use attachment if necessar		
f an e ie date <u>Sote:</u>	ffective date is listed, the dat e of filing.) If the date inserted in this blo	than the date of filing:  e must be specific and cannot be more than five business of the does not meet the applicable statutory filing requirement Department of State's records.	days prior to or 90 days after
RTIC	'LE VI: Other provisions, if ar	y	
	REQUIRED SIGNATUR	Michael Wenner	
		ture of a member or an authorized representative of a r	

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.

Michelle 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)