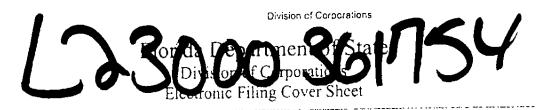
7/31/23, 6:04 PM



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.

(((H23000266300 3)))



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 : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152 Phone : (407)423-5203

Fax Number : (407)425-4105

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

FLORIDA LIMITED LIABILITY CO.

921 Douglas Ave., LLC

72.2	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



(((H23000266300 3)))

COVER LETTER

TO:	New Filing S Division of C				
OV:D.W		glas Ave., LLC			
SUBJE	CI:	Nar	ne of Limited Lia	bility Company	•
The enc	losed Articles o	f Organization and	fee(s) are submit	ed for filing.	
Please re	eturn all corres	nondence concernin	g this matter to th	e following:	
	Russell Ste	wart			
			Name	of Person	
	921 Dougla	is Ave., LLC			
			Firm/	Company	
	92! Dougla	is Ave., Suite 200			
			Ad	dress	
	Altamonte	Springs, FL 32714			
	ai@gaa law	000	City/State	and Zip Code	
	aj@gse-law.		be used for future	annual report notificat	ion)
For further	r information co	oncerning this matte	r, please call:		
	AJ Stanton		407 _at (423-5203	
	Nan	ne of Person	Area Code		e Number
Enclosed	is a check for t	he following amou	ıt:		
	00 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & □\$1 atus Certi	55.00 Filing Fee & fied Copy gal copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et, Suite 810

(((H23000266300 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
921 Douglas Ave., LI (Must conta	C in the words "Limited	Liability Compar	ry, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limit	ed Liability Company is:
	Office Address:		Mailing Address:
921 Douglas Avenue Suite 200 Altamoute Springs, F	L 32714		2) Douglas Avenue nite 200 Itanionte Springs, FL 32714
ARTICLE III - Registered Age! (The Limited Liability Company of another business entity with an act The name and the Florida street a	ctive Florida registrati	ion.)	gent's Signature: it. You must designate an individual or
	Gasdiex Stadies 5	Name	
	1601 W. Colonial I Florida strect addre	Orive ess (P.O. Box <u>NO</u>)	[acceptable]
	Orlando	FL	32804
	City	State	Zip
lace designated in this certificate, .	i hereby accept the tap	relating to the prop n a fegity of dage	the above stated limited liability company at the tered agent and agree to act in this capacity. It are and complete performance of my duties, and interest and for in Chapter 605, F.S Institute (REQUIRED)
		(COSTINUE)	~)

(((H230002663003)))

. . . .

and	Name and Address:
Title: "AMBR" = Authorized Member	
"MGR" = Manager	
_	Todd Pictson
MGR	750 Bonits Dr
	Winter Park, FL 32789
	Brett Lindquist
MGR	201 Ning Dr
	Tierro Verde, FL 33715
	Russell Stewart
MGR	Russell Stewart 693 Key Royale Drive
	Homes Beach, FL 34217
EV: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depinent's effective date on the Depinent's	sees not meet the applicable statutory filing requirements, this date will no
of filing.) I the date inserted in this block do ment's effective date on the Dep. E VI: Other provisions, if any.	pes not meet the applicable statutory filing requirements, this date will no artiment of State's records.
IF.V: Effective date, if other than ective date is listed, the date must of filing.) If the date inserted in this block doment's effective date on the Dep.	pes not meet the applicable statutory filing requirements, this date will no artiment of State's records.
EV: Effective date, if other than ective date is listed, the date mu of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE:	pes not meet the applicable statutory filing requirements, this date will no artiment of State's records.
EV: Effective date, if other than ective date is listed, the date mu of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will no artiment of State's records. Of a mamber or an authorized representative of a member.
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member. So to the information submitted in a document to the Department of State.
EV: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block doment's effective date on the Dep. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member. So to the information submitted in a document to the Department of State.
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	oes not meet the applicable statutory filing requirements, this date will no artiment of State's records. Of a mamber or an authorized representative of a member.
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b), Florida Statues, any faise information submitted in a document to the Department of State diegree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REOURED SIGNATURE: Signature This document is am aware that constitutes a thir	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any faise information submitted in a document to the Department of State didegree felony as provided for in \$.817.155, F.S.
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is am aware that constitutes a thir	oes not meet the applicable statutory filing requirements, this date will no artiment of State's records. To f a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State of diegree felony as provided for in s.817.155, F.S. Wart Typed or printed name of signee
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is am aware that constitutes a thir	oes not meet the applicable statutory filing requirements, this date will no artiment of State's records. To f a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State of diegree felony as provided for in s.817.155, F.S. Wart Typed or printed name of signee
EV: Effective date, if other than ective date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Deput. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is am aware that constitutes a thir Russ Ste	of a member or an authorized representative of a member. Typed or printed name of signee Filing Fees: es of Organization and Designation of Registered Agent
EV: Effective date, if other than ective date is listed, the date must filing.) The date inserted in this block doment's effective date on the Depute VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is an aware that constitutes a thir	or a member or an authorized representative of a member. To a member or an authorized representative of a member. So the member of an authorized representative of a member. So the futed in accordance with section 605.0203 (1) (b), Florida Statutes, any faise information submitted in a document to the Department of State of diegree felony as provided for in s.817.155, F.S. Weart Typed or printed name of signee Filing Feest: Tes of Organization and Designation of Registered Agent formal)