## 604000084974

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Document Name)                         |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

|                  | tration Section of Cor                |  |   |  |
|------------------|---------------------------------------|--|---|--|
| SUBJECT:         | 9                                     | Sturgeon Bay,  | LLC   |  |
| 50001561.        | · · · · · · · · · · · · · · · · · · · |  | d Liability Company)  | **************************************   |
| The enclosed A   | Articles of                           | Organization and fee(s) are so   | ubmitted for filing.  |  |
| Please return a  | ll correspo                           | ondence concerning this matte  | r to the following:   |  |
|                  |                                       | Jason Se   | ear foss  |  |
| _                |                                       | (1   | Name of Person)   |  |
|                  |                                       |  |   |  |
| <del></del>      |                                       | d  | Firm/Company)   | territoria de de destrucción de la companya de la c |
| 9                | Lee /                                 | LOUI CM  | R 105 252   |  |
| <u></u>          | r>> &                                 | rand Blud., Suit   | (Address)   | · · · · · · · · · · · · · · · · · · ·  |
|                  |                                       |  | (ridiness)  |  |
|                  | D                                     | lestin, FL 32!   | 550   |  |
|                  |                                       | (City/   | State and Zip Code)   |  |
| For further info | ormation c                            | oncerning this matter, please of   | call:   |  |
| Jason            | n Sear                                | foss   | at (312) 343 - 3  | 3150   |
|                  | (Name                                 | of Person)   | (Area Code & Daytime Te   | lephone Number)  |
| Enclosed is a    | check for                             | the following amount:  |   | · 항  |
| 125.00 Fili      | ing Fee                               | ☐ \$130.00 Filing Fee & Certificate of Status                                | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | □ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)   |
|                  | STRE                                  | ET ADDRESS:  | MAILING AI  |  |
|                  | Divisio<br>409 E.                     | ation Section<br>on of Corporations<br>Gaines Street<br>assee, Florida 32399 | Registration Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fi | prporations  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Sturgeon Bay, LI  |   |  |  |  |  |
|---|---|--|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  755 Grand Blud.  Suite B105-353  Suite B105-353 |   |  |  |  |  |
| Principal Office Address:   | Mailing Address:                              |  |  |  |  |
| 755 Grand Rlud.   | 755 Grand Blud.                               |  |  |  |  |
| Suite B105-353  | Suite B105-353                                |  |  |  |  |
| Destin, FL 32550  | Destin, FL 32550                              |  |  |  |  |
| The name and the Florida street address of  |   |  |  |  |  |
| Jason   | Seartoss                                      |  |  |  |  |
| Jason   | Sear foss<br>Name                             |  |  |  |  |
|   | Seartoss<br>Name<br>, Suite Blos - 353        |  |  |  |  |
| 755 Grand Blud.   |   |  |  |  |  |
| 755 Grand Blud. Florida si  | reet address (P.O. Box <u>NOT</u> acceptable) |  |  |  |  |
| 755 Grand Blud. Florida si Destin,  | , Suite Blos - 353                            |  |  |  |  |

(CONTINUED)

Registered Agent's Signature

| <u> </u>          | Name and Address:  |                                       |
|-------------------|--|---------------------------------------|
| 'MGR" = Manage    |  |                                       |
| 'MGRM" = Mana     | ging Member  |                                       |
| MGRM              | Jason Sear fosi  |                                       |
|                   | 755 Grand Blvd., Suite BIS   | 5 - 353                               |
|                   | Destin, FL 32550   |                                       |
|                   |  |                                       |
|                   | _  |                                       |
|                   |  |                                       |
|                   | **************************************                                     | <u> </u>                              |
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| Use attachment if | necessary)   |                                       |
| Coc anacminem ii  | necessary)   |                                       |
| NOTE: An addit    | ional article must be added if an effective date is requested.             |                                       |
|                   |  |                                       |
| REQUIRED SIG      | NATURE:  |                                       |
|                   | $\sim$ $\wedge$  |                                       |
|                   | $(X_{1})$  |                                       |
| -                 |  |                                       |
|                   | Signature of a member or an authorized representative of a member.         | 551 ·                                 |
| (                 | In accordance with section 608.408(3), Florida Statutes, the execution     |                                       |
|                   | of this document constitutes an affirmation under the penalties of perjury | T                                     |
|                   | that the facts stated herein are true.)                                    | <u></u>                               |
|                   | Jason Searfoss   | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
|                   | Typed or printed name of signee  | <u></u>                               |

Filing Fees:

## \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)