

Division of Corporations

LOS000018634

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H05000045735 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)205-0383
From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

05 FEB 23 PM 1:39

DIVISION OF CORPORATIONS

05 FEB 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LIMITED LIABILITY COMPANY

Sharing Gulf Breezes 1245, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

LOS-18634
Q

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Sharing Gulf Breezes 1245, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

25205 77th Avenue East

Myakka City, FL 34251

Mailing Address:

25205 77th Avenue East

Myakka City, FL 34251

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Cynthia Adams

Name

25205 77th Avenue East

(P.O. Box or Mail Drop Box NOT Acceptable)

Myakka City, FL 34251

(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 608, F.S.



Registered Agent's Signature - Cynthia Adams

FILED
25 FEB 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMCynthia Adams- 25205 77th Avenue East, Myakka City, FL 34251MGRMEdward Adams- 25205 77th Avenue East, Myakka City, FL 34251

(Use attachment if necessary)

REQUIRED SIGNATURE:Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cynthia Adams

Typed or printed name of signee

FILED
2005 FEB 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA