

L05000039130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

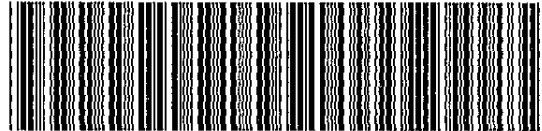
(Document Number)

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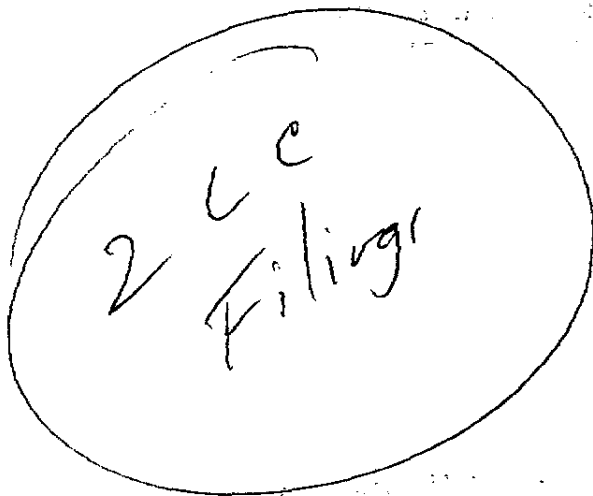
04/21/05--01055--017 **250.00

RECORDED
05 APR 21 10 26 AM
FILED
05 APR 21 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Opportunities LLC



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Opportunities L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

X 4121 ROBERTS POINT RD.
SARASOTA, FLORIDA 34242

Mailing Address:

4121 ROBERTS POINT ROAD
SARASOTA, FL 34239

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

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

J. Stader Wilson, Esq.
Name

305 S. Haverly St. Rt. 400
Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33609
City, town, and 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.

J. Stader Wilson
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

CRS

David W. Starnes

Revocable Trust

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE

X

Signature of a member or its authorized representative of a member.

(In accordance with Section 608.408(7), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the signer signed it freely and voluntarily.)

David W. Starnes

Typed or printed name of signer

Filing Fees

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Declaration of Registered Agent
- \$ 25.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Good Compliance