# L11000007833

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	·
. (Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only



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EFFECTIVE DATE 01-11-201)

11 JAN 18 PM 3: 57
SECRETARY DE STATE
TALLAHASSEE, FLORID

B. BOSTICK

JAN 1 9 2011

**EXAMINER** 

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Southeast Properties	s of Venice II, LLC
	imited Liability Company
The enclosed Articles of Organization and fce(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mark Soravilla	
	Name of Person
1700 Tamiami Tr, Unit 0	<b>3-2</b>
	Firm/Company
•	Address $\overrightarrow{\triangleright}_{\mathcal{U}}$
Port Charlotte, FL 33948	
	City/State and Zip Code
remaxpalmrealty@gmail.com	
For further information concerning this matter, pl	lease call:
Mark Soravilla	at (941 ) 743*5525
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Comp	pany is:	
Southeast Properties of V	/enice II, LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1700 Tamiami Tr , Unit G-2	1700 Tamiami Tr , Unit G-2	
Port Charlotte, FL 33948	Port Charlotte, FL 33948	<del></del>
	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	ual or another
The name and the Florida street address	of the registered agent are:	TI JAN 18 SEUNEJARI
Mark Soravilla	<del></del>	
	Name	
1700 Tamiar	mi Tr , Unit G-2	E C
Florida	street address (P.O. Box NOT acceptable)	r (/)
Port Charlotte	<sub>FL</sub> 33948	3:57 STATE LORID

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Shift Real Estate Enterprises, LLC		
	1700 Tamiami Tr , Unit G-2		
	Port Charlotte, FL 33948		
member	Carl S Burr, Jr		
	1700 Tamlami Tr , Unit G-2		
	Port Charlotte, FL 33948		
member	Barbaraa Burr	<b>5</b>	
	1700 Tamiami Tr , Unit G-2		
	Port Charlotte, FL 33948		endine?
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		<b></b>	Constants 1
Use attachment if necessary)		G: 58 TATE ORIDA	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other than the	<del>-</del>	(OPTION	IAL)

ARTICLE V: Effective date, if other than the date of filing: Jan 1,2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

## **REQUIRED SIGNATURE:**

Signature of a member or an 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. 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.)

### Mark Soravilla

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)