## L12000012386

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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12 JAN 25 AM II: 55
SECNETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	William to the control of the contro
	Name of Limited Liability Company
The en	losed Articles of Organization and fee(s) are submitted for filing.
1110 011	resource of organization and rec(s) are submitted for thing.
Please	eturn all correspondence concerning this matter to the following:
	Gregory Rhoden
	Name of Person
	Firm/Company
	4370 Hidden River Rd
	Address
;	Sarasota, FL 34240
	City/State and Zip Code
	hodeng@aol.com
•	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
Greg	ory Rhoden at (941 ) 322-0910
	Name of Person Area Code & Daytime Telephone Number
Enclos	d is a check for the following amount:
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\int \text{Certified Copy (additional copy is enclosed)}\$\int \\$255.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GRD Sar	asota LLC		
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II The mailing ac		of the principal office of the Limited Li	ability Company is:
Principal Offi	ce Address:	Mailing Address:	
5175 Siesta W		4370 Hidden River Rd Sarasota, FL 34240	
Sarasota, FL 3	4242	- Salasola, FL 34240	<u>.</u>
(The Limited Liabil business entity wit	ity Company cannot serve as its on the an active Florida registration.)	gistered Office, & Registered Agent's own Registered Agent. You must designate an indiv of the registered agent are:	idual or another
	Gregory Rhoden	}	
	Gregory Rhoden	Name	FIL MEANS AHASS
	Gregory Rhoden 4370 Hidden	Name	FILET AN 25 AI METARY OF AHASSEE,
	4370 Hidden	Name	FILED AN 25 AMIII BETARY OF ST ANIASSEE, FL
	4370 Hidden	Name  River Rd  street address (P.O. Box <u>NOT</u> acceptable)  FL 34240	FILED AN 25 AM II: 55 EFARY OF STATE AHASSEE, FLORD
	4370 Hidden	Name  River Rd  street address (P.O. Box <u>NOT</u> acceptable)	FILED  2 JAN 25 AM 11: 55  BEGRETARY OF STATE ALLAHASSEE, FLORIDA

istered agent and agree to act in this capacity. I further agree to comply with the provisions of a tatutes 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 (REQUIRED)

(CONTINUED)

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
William Wallaging Wellion	
MGRM	Gregory L. Rhoden
	4370 Hidden River Rd
	Sarasota, FL 34240
MGRM	Diane H. Rhoden
	4370 Hidden River Rd
	Sarasota, FL 34240
(II)	+
(Use attachment if necessary)	<del></del>
CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
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CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prio
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CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6)	be specific and cannot be more than five business days prio
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	be specific and cannot be more than five business days priously the specific and cannot be more than five business days priously the specific and cannot be more than five business days priously the specific and cannot be more than five business days priously the specific and cannot be more than five business days priously the specific and cannot be more than five business days priously that the facts stated herein are priously that the facts stat
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member.  O8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are property on a provided for in s.817.155, F.S.)

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)