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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Division of C					
SUBJECT	r. K	lent s	Sara:	sota	uc	
SOBJEC	·		Name of Lin	nited Liabili	ty Company	.
The enclos	sed Articles (of Organization	and fee(s) a	re submitted	for filing	
					_	
Please reu		pondence conc	•		_	
		ennif	er R	<u> </u>	Person	novich
				Name of	Person	
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	_	E-mail addres	ss: (to be use	d for future a	annual report notifica	tion)
For further	r information	concerning thi	s matter, plea	ase call:		
		0		~	E0., 5-	1
Jen	MHER	100551	at (_	441) - 894-85 Daytime Tel	91
	Nam	e of Person		Area Code	Daytime Tel	epnone Number
Enclosed i	is a check for	the following	amount:			•
⊉ \$125.00 F	Filing Fee	□\$130.00 Fi Certificate		Certifie	0 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> ail	ing Address			Street/Courier Addr	ess
	Regis	stration Section		·	Registration Section	
		sion of Corpora Box 6327	tions		Division of Corporat Clifton Building	ions
		hassee, FL 323	14		2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company is:				
F	Rent Sarason	tauc			
(M	fust end with the words "Limited	Liability Company, '	'L.L.C.," or "	'LLC.")	
ARTICLE II - Address The mailing address and	s: d street address of the principal of	fice of the Limited L	iability Com	pany is:	
Principal Office Addre		Mailing Address	<u>.</u>		
1000 EAST /	We N.		<u> </u>		_
					-
(The Limited Liability C	ered Agent, Registered Office, & Company cannot serve as its own I with an active Florida registration	Registered Agent. Yo			vidual or
The name and the Florid	da street address of the registered	agent are:		•	
_	Jennifer 209 Name	si-Tom	20011		
	Name				
_	1000 EAST A	2 N. 🛎	· 		
	Florida street address (P.O. Box				
_	Sarasota City	FL 3	×1234		
	City	Zip	•		
the place designated capacity. I further agi	registered agent and to accept ser I in this certificate, I hereby accept ree to comply with the provisions a m familiar with and accept the obli Chapt	the appointment as r f all statutes relating	egistered age to the proper	ent and agree r and comple	e to act in this ete performance
	Registered Agent's Signat		2mC	SECRETARY	TO SEP 18
	(CONTINUE	ED)			
	Page 1 of 2			S IA	- U_7

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Jennifor Rossi-Tomanoire 1000 EAST Are N. Sarasota Fi 34237
fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the date of fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. .as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of fective date is listed, the date must be spectof filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	Diffic and cannot be more than five business days prior to or 90 dependence of an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 1.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c