

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L14000194770

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.

((H14000295959 3)))



H140002959593ABCB

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) 617-6383

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-0435

P.A.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tsgood@trenam.com

**FLORIDA LIMITED LIABILITY CO.
Savannah 5401, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 23 AM 8:22

AOO
12/23/2014
RCD/142898

RECEIVED
14 DEC 23 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 24 2014
J. HARRIS

Tiffany M. Schrader Trenam Kemker

(02/04) 12/23/2014 03:55:30 PM

((H14000295959 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savannah 5401 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Decker

Name of Person

Trenam Kemker

Firm/Company

200 Central Ave., Suite 1600

Address

St. Petersburg, FL 33701

City/State and Zip Code

rdecker@trenam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Decker

Name of Person

at (727) 551-0665

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H14000295959 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Savannah 5401, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

502 South Fremont Ave., Apt. 226
Tampa, FL 33606

502 South Fremont Ave., Apt. 226
Tampa, FL 33606

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TK Registered Agent, Inc.
Name

101 E. Kennedy Blvd., Suite 2700
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33602
City 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 605, F.S.

Robert C. Dasher

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 23 AM 8:22

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

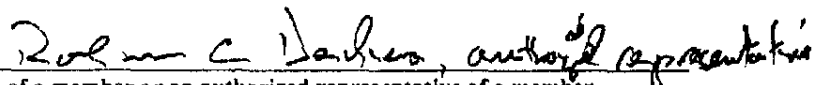
"MGR" = Manager

AMBRName and Address:James F. Slattery, II502 South Fremont Ave., Apt. 226Tampa, FL 33606AMBRPatrick Slattery1718 W. Hills Ave., Apt. BTampa, FL 33606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.N/A**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Robert C. Decker

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)