

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAND, GATES, DRAMIS, P.L.
Account Number : I20130000059
Phone : (941)366-8010
Fax Number : (941)366-5368

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

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**FLORIDA LIMITED LIABILITY CO.
9238 MIDNIGHT PASS LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
9238 MIDNIGHT PASS LLC**

a Florida Limited Liability Company
Under Chapter 605, Florida Statutes

**ARTICLE I
NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

9238 MIDNIGHT PASS LLC

**ARTICLE II
PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

9240 Midnight Pass Road
Unit D
Sarasota, Florida 34242

**ARTICLE III
INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

Band, Gates & Dramis, P.L.
One South School Avenue, Suite 501
Sarasota, Florida 34237

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ARTICLE IV
MANAGEMENT POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company. The name and address of the initial manager of the Company is:

Hanania Assor
9240 Midnight Pass Road
Unit D
Sarasota, Florida 34242

ARTICLE V
EFFECTIVE DATE

The effective date of the filing of these Articles of Organization shall be upon the filing of these Articles of Organization.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the ___th day of March 2015.

By: 

CHAD LEE GATES

*Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

I. The name of the Limited Liability Company is:

9238 MIDNIGHT PASS LLC

II. The name and the Florida street address of the registered agent is:

Band, Gates & Dramis, P.L.
One South School Avenue
Suite 501
Sarasota, Florida 34237

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

BAND, GATES & DRAMIS, P.L.
Registered Agent

By: 
Chad Lee Gates
Its Manager

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