Division of Corporations Electronic Filing Cover Sheet

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.

(((H160002632723)))



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)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone Fax Number

(614)280-3338 : (954)203-0845

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 6920 MPR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

6920 MPR, LLC

The undersigned certifies that we have associated ourselves together for the purposes of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I

NAME OF BUSINESS

The name of the limited liability company shall be 6920 MPR, LLC.

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The street address of the principal office of the company is: 414 S. Tamiami Trail, Osprey 34229, in the County of Sarasota, State of Florida, and mailing address of the company is 414 S. Tamiami Trail, Osprey 34229, in the County of Sarasota, State of Florida, but it shall have the power of authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the initial registered agent of the limited liability company is: Scott W. Dunlap, Esq., 22 S. Links Avenue, Suite 300, Sarasota, 34236 in the County of Sarasota, State of Florida.

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.

Scott W. Dunlap, Esq., Registered Agent

ARTICLE IV

MANAGEMENT

The name and address, including e-mail address, of each person authorized to manage and control the Limited Liability Company is:

Title:

Name and Address:

MGR

Stakada Group, LLC 414 S. Tamiami Trail Osprey, FL 34229

Email Address: sampetersheim_1@yahoo.com

ARTICLE V

EFFECTIVE DATE

Effective date, if other than the date of filing is, filing date.

ARTICLE VI

OTHER PROVISIONS

In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted, and which the limited liability company is authorized to transact, shall be to engage in any activity or business authorized under the Florida statutes, and as further defined in the Company's Operating Agreement.

The undersigned, being an authorized representative, or member, of the limited liability company, certifies that this instrument constitutes the Articles of Organization of 6920 MPR, LLC.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.

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.

Executed by the undersigned on the \mathcal{L}^{Σ}

day of October, 2016

Scott W. Dunlap, Esq., Authorized Representative

SWDAdh:14764-12\Articles of Organization