L17000033187

Office Use Only



900295403189

02/14/17--01019--006 **125.00

17 FEB 14 AH 10: 45
SECRETARY OF STATE
ALL AHASSEE FLOSING

FEB 1 5 2017

K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 12330 E. Tamiami Trail Holdings, LLC Name of Limited Liability Company The enclosed Articles of Organization and fees(s) are submitted for filing. Please return all correspondence concerning this matter to the following: <u>Christopher A. Roche</u> Name of Person Law Office of Christopher A. Roche Firm/Company 229 N. Collier Boulevard Address Marco Island, FL 34145 City/State and Zip Code croche@marcolawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at <u>(239) 389-07</u>00 Christopher A. Roche Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [X] \$125.00 [] \$130.00 [] \$155.00 Filing Fee & Filing Fee, Certificate
Certified Copy of Status & Communications [] \$160.00 Filing Fee Filing Fee & Certificate of Status Copy (additional copy (additional copy is enclosed) is enclosed)

Mailing Address:

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

Street/Courier Address:

Registration Section Division fo Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	, is:
12330 E. Tamiami Trail Holdings (Must end with the words "Limited Liab	, LLC bility Company,""L.L.C." or "LLC")
ARTICLE II - Address: The mailing address and street address of Liability Company is:	the principal office of the Limited
Principal Office Address:	Mailing Address:
229 N. Collier Boulevard Marco Island, FL 34145	229 N. Collier Boulevard Marco Island, FL 34145
ARTICLE III - Registered Agent, Regis Signature: (The Limited Liability Company cannot serve a designate an individual or another business e registration.)	s its own Registered Agent. You must
The name and the Florida street address of	
Christopher ARoc Name	
229 N. Collier Bo Florida Street Address (I	oulevard To P
<u>Marco Island</u> City	FL 34145 PF 5
Having been named as registered agent and	d to accept service of process for the

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ΔΙ	₹Т:	דרי	T.E.	T'	T -

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

<u>Title:</u>	Name and Address
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	M Holdings, LLC
	229 N. Collier Boulevard
	Marco Island, FL 34145
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other	than the date of filing 2-10-17
(OPTIONAL)	
,	te 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	у.

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 the 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.)

Christopher A. Roche
Typed or printed name of signee

<u>Filing Fees:</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

Page 2 of 2

g:\data\wpdoc\file\17f001\artoforgstform