

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.

(((世17000085059 3))) .



H170000R50593ARC2

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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 Phone: (727)442-1200

Fax Number : (727)443-5829

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. 29 EVONAIRE CIRCLE, L.L.C.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

TI MAR 28 AM 10: 35
SEURETARY OF STUTE
THE ANALYSES OF STUTE

MAR 2 9 2017

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

| '2017 1:38PM FAX | ₫ 00 | 002 |
|--|---|-----------------|
| | Audit Fax No: | _ |
| ARTICLES OF ORGANIZAT | ION FOR FLORIDA LIMITED LIABILITY | 7 |
| ARTICLE I - Name; | COMPANY | |
| The name of the Limited Liability Comp | pany is: 29 EVONAIRE CIRCLE, L.L.C. | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | the principal office of the Limited Liability Company i | is: |
| Principal Office Address: 29 Evonaire Circle, Belleair, FL 33756 | SECR ALLA | |
| Mailing Address: 792 Aspen Road, Golden, CO 80401 | MAR 28 ART OF AHASSEE | **** |
| ARTICLE III - Registered Agent, Re | gistered Office, & Registered Agent's Signature | に |
| The name and the Florida street address | 1 | |
| | Alan S. Gassman Court Street, Suite 102 earwater, FL 33756 | |
| liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and c and accept the obligations of my position. | and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment capacity. I further agree to comply with the provisions omplete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 605, F. | as of ith |
| Kegis | stered Agent's Signature | |
| ARTICLE IV - Members and Manag | ers: | |
| The name and address of each person Company: | authorized to manage and control the Limited Liabili | ity |
| <u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager MGR | Kalina Pagano | |
| | 792 Aspen Road Golden, CO 80401 | |
| ARTICLES OF ORGANIZATION OF 29 E | YONAIRE CIRCLE, L.L.C. PAGE | <u>.</u> 1 |
| Alan S. Gassman, Esquire 1245 Court Street Suite 102 Clearwater, FL 33756 (727) 442-1200 Flurida Bar #: 371750 | · | |
| Audit Fax#: | | |

Audit Fax #: _

| days days days days days days days days |
|---|
| d any o the d the o oral all be ritten ne to |
| o the d the o oral all be ritten me to oting |
| o the d the o oral all be ritten me to oting |
| o the d the o oral all be ritten me to oting |
| oting |
| oting |
| oting ave a ies to shall s of a ficate but if |
| |
| |
| ent I am ates a |
| |
| .GE 2 |
| |