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COVER LETTER

	ew Filing Section ivision of Corporations		•				
SUBJECT	5271 Georgia, LLC		• · · · · · · · · · · · · · · · · · · ·				
SUBJECT		Limited Liabili	ty Company				
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.				
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:				
	Lauren Maxwell						
		Name of	Person				
		Firm/Cor	mpany				
	9130 Galleria Court, Suite 101	7 11 11 2 0 0					
	Address						
	Naples, FL 34109						
	lmax4444@gmail.com	City/State and	I Zip Code				
-	E-mail address: (to be us	ed for future a	nnual report notification)				
For further is	nformation concerning this matter, ple	ase call:					
	Lauren Maxwell	239	216-4444				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed is	s a check for the following amount:						
\$125.00 Fi	ling Fee \$\frac{130.00}{Certificate of Status}\$	Certific	0 Filing Fee & \$160.00 Filing Fee, cd Copy cl copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Division of Corporations Clifton Building				
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5271 Georgia, LLC					
(Must con	ntain 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:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
9130 Galleria Cour	t, Suite 101	9130	Galleria Court, Suite 101		
Naples,FL 34109		Nap	Naples, FL 34109		
another business entity with ar The name and the Florida stree	active Florida registrati	ion.)	You must designate an individual or		
	Lauren Maxwell				
		Name			
	9130 Galleria Court	t Suite 101			
	Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)		
	Naples	FL	34109		
	City	State	Zip		
			above stated limited liability company of		
place designated in this certificat further agree to comply with the	e, I hereby accept the approvisions of all statutes	pointment as registere relating to the proper	ed agent and agree to act in this capacit and complete performance of my duties as provided for in Chapter 605, F.S		
place designated in this certificat further agree to comply with the	re, I hereby accept the approvisions of all statutes obligations of my position	pointment as registere relating to the proper	and complete performance of my duties as provided for in Chapter 605, F.S.		

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Lauren Maxwell 9130 Galleria Court, Suite 101 Naples, FL 34109 AMBR Daniel Kowal 9130 Galleria Court, Suite 101 Naples, FL 34109 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any.

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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.

Lauren Maxwell

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)