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SECTION 10  
FALL 2018

18 APR 30 PM 1:44

M. MOON

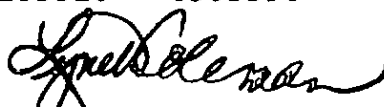
APR 30 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 183310 4305390

AUTHORIZATION :



COST LIMIT : \$ 125,000

FILED  
18 APR 30 PM 3:16  
CORPORATION SERVICE  
TALLAHASSEE, FL 32301

ORDER DATE : April 26, 2018

ORDER TIME : 4:47 PM

ORDER NO. : 183310-010

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: SOUTH RAILROAD AVENUE, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH RAILROAD AVENUE, LLC

(Must contain 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:

Principal Office Address:

267 Robin Drive  
Sarasota, FL 34236

Mailing Address:

267 Robin Drive  
Sarasota, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert Pangia

Name

267 Robin Drive

Florida street address (P.O. Box NOT acceptable)

<u>Sarasota</u>	<u>FL</u>	<u>34236</u>
City	State	Zip

*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.*

Robert Pangia

By Robert Pangia  
Registered Agent's Signature (PRINT NAME)

(CONTINUED)

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TALMADGE COUNTY CLERK  
TALMADGE COUNTY, OHIO

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Robert Pangia  
267 Robin Drive  
Sarasota, FL 34236

AMBR

Stephanie Pangia  
267 Robin Drive  
Sarasota, FL 34236

MGR

Robert Pangia  
267 Robin Drive  
Sarasota, FL 34236

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

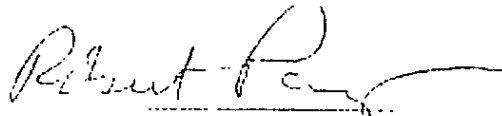
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**



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

Not a member or authorized representative of a member who is not a resident of the State of Florida. If the member or authorized representative is not a resident of the State of Florida, the member or authorized representative must be a resident of the State of Florida.

**Robert Pangia, Manager**

\_\_\_\_\_  
Printed name of signatory

**John Lee**

Secretary of State, Department of State, Tallahassee, Florida

\$ 30.00 Certified Copy (optional)

\$ 3.00 Certificate of State (optional)

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18 APR 30 PM 3:16  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE