Division of Corporations Electronic Filing Cover Sheet

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(((H180001698403)))



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Division of Corporations

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Account Name : SRQ PROPERTY LAW Account Number : 120180000050

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Fax Number : (941)479-8501

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

Email Address: jeff @ jeff thinelander co

JN -6 AM 10: 54

FLORIDA LIMITED LIABILITY CO. Luxury Waterfront Homes, LLC

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

) JUL-3 KH 9:56 LUKLIARY OF STATE LAHASSEF, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
Luxury Waterfront He	omes, LLC			
		ed Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principa	l office of the L	mited Liability Company is:	
Principa	l Office Address:		Mailing Addr	tss :
526 Bird Key Drive			526 Bird Key Drive	
Sarasota, FL 34236			Sarasota, FL 34236	
The name and the Florida street a	ddress of the registe			
	1800 2nd Street, S	uite 888		
	Florida street addi		OT acceptable)	
	Sarasota	FL_	34236	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro um familiar with and accept the obl	I hereby accept the apprisions of all statute: ligations of my positions of my positions of my formations are Richard Law	ppointment as re s relating to the f on as registered t YULU	gistered agent and agree to act it proper and complete performanc	n this capacity. I e of inv duties, and I
	кед	istereu Agent \$ 1	ognature (KEQUIKED)	
		(CONTINU	JED)	TALL

ALLAHASSEE FINIE

Title:		Name and Address:
	- Authorized Member	
"MGR." ≈ 1	Manager	
MGR		Jeffrey Rhinelander
		526 Bird Key Drive
		Sarasota, FL 34236
·		
		
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		,
CLE V: Effective date:	unent if necessary) tive date, if other than the date of is listed, the data must he spec	of filing: (OPTIONAL) eific and cannot be more than five business days prior to or 90 days
CLE V: Effective date to of filing.) If the date insecument's effective date in the comment's effective date in the comment date	tive date, if other than the date of is listed, the data must be spe	of filling:
CLE V: Effective date to of filing.) If the date insecument's effective date in the comment's effective date in the comment date	tive date, if other than the date of is listed, the data must he spectred in this block does not metrive date on the Department of provisions, if any.	eet the applicable statutory filing requirements, this date will not be li-
CLE V: Effect effective date to of filing.) If the date insecument's effect CLE VI: Other	tive date, if other than the date of is listed, the data must be species tested in this block does not metrive date on the Department of provisions, if any.	eet the applicable statutory filing requirements, this date will not be li of State's records.
CLE V: Effect effective date to of filing.) If the date insecument's effect CLE VI: Other	tive date, if other than the date of is listed, the data must be species tested in this block does not metrive date on the Department of provisions, if any. ID SIGNATURE: Lifting Reinclander	eet the applicable statutory filing requirements, this date will not be li of State's records.
CLE V: Effective date (to of filing.) If the date insecument's effective CLE VI: Other	is listed, the data must be species listed, the data must be species exted in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Lifty Reinclander Signature of a mean This document is execute I am aware that any false:	eet the applicable statutory filing requirements, this date will not be li of State's records.
CLE V: Effect effective date to of filing.) If the date insecument's effect CLE VI: Other	is listed, the data must be species listed, the data must be species exted in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Lifty Reinclander Signature of a mean This document is execute I am aware that any false:	mber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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