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COVER LETTER

	w Filing Section vision of Corporations		
CHD IFFT.	Spa on Osprey, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s)	are submitted for filing.	
Please return	n all correspondence concerning this	matter to the following:	
	Morgan R. Bentley, Esq.		
-		Name of Person	•
	Bentley & Bruning, P.A.		
•		Firm/Company	•
	783 So. Orange Ave., Suite 300		
-		Address	. 8
	Sarasota, FL 34236		& <u>-</u>
-		City/State and Zip Code	18 AUG 10 PM 2: 21
<u> </u>	nbentley@bentleyandbruning.com F-mail address: (to be us	sed for future annual report notification)	· 🖔
For further in	formation concerning this matter, ple	·	2
;	Morgan R. Bentley	941 556-9030	
-	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
	ing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Spa on Osprey, LLC (Must contain the words "Limited Liab	pility Company "L. C." or "L. C.")
(iviusi contain the words Trained Liac	omy company, 13.13.6.1. or 13.66.
CTICLE II - Address:	
e mailing address and street address of the principal office	e of the Limited Liability Company is:
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
4077 Flamingo Avenue	4077 Flamingo Avenue
2 21212	Sarasota, FL 34242
Sarasota, Fl. 34242	

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

Morgan R. Bentley, Esq.

Name

783 So. Orange Ave., Suite 300

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

Sarasota FL 34236

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

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Sandra Loevner
	4077 Flamingo Avenue
	Sarasota, FL 34242
	- <u>-</u> -
 	
(Use attachment if necessary)	
(Ose attachment if necessary)	
ADDRESS DAY, DONARD, And Donard, and the American	CONTROLLS
ARTICLE V: Effective date, if other than the date of filing:	
	cannot be more than five business days prior to or 90 days after
he date of filing.)	
Note: If the date inserted in this block does not meet the ap	oplicable statutory filing requirements, this date will not be listed a
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. 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.

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)

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