# L1900043135

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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#### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: SH-Landmark, LLC Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for tiling.		
Please return all correspondence concerning this matter to the following:		
Nicole Fackson Name of Person		
SMG Property Management Firm/Company		
9027 Town Center PKWY Address		
City/State and Zip Code  Nicole @ Smapm.Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status  S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		

#### Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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: Mailing Address:
GOOT Town Center Pkny goot Town Center Pkny Laterwood Parch, FL 34202 Laterwood Ranch, FL 34202
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 another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  G. Joseph Havrison  Name  1206 Handtee Ave West  Florida street address (P.O. Box NOT acceptable)  Bradenton FL 34205  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  Registered Agent's Signature (REQUIRED)

(CONTINUED)

## 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 (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. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-