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## COVER LETTER

SUBJECT:	Seminole Heights Homes, LLC
SUBJECT	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Pete Bursik
	Name of Person
	Rainier Realty, Inc.
	Firm/Company
	7301 18th St. NE
	Address
	St. Petersburg, FL 33702
r	City/State and Zip Code
<u>-</u>	E-mail address: (to be used for future annual report notification)
For further in	ntormation concerning this matter, please call:
	Pete Bursik 727 692-3686
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	
	Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:				
Seminole Heights Ho	omes, LLC				
(Must cont	ain the words "Limited I	Liability Compa	ıy, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limi	ted Liability Company is:		
Princip	al Office Address:		Mailing Add	ress:	
7301 18th St NE		7	301 18th St NE		
St. Petersburg, FL 33	702	<u> </u>	t. Petersburg, FL 33702		
The name and the Florida street	address of the registered	l agent are: Name			
	7301 18th St NE		abret 11 h		
	Florida street addres	s (P.O. Box <u>NO</u>	. Box NOT acceptable)		
	St. Petersburg.	Florida	33702		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the of	, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as regi elating to the pro as registered ag Luy	stered agent and agree to act oper and complete performan	t in this capacity. I uce of my dutics, and I	

(CONTINUED)

-	Title: "AMBR" = Authorized Member	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager		
	MGR	Pete Bursik	
•		7301 18th St NE	
		St. Petersburg, FL 33702	
	AMBR	Merribeth Bursik	
•		7301 18th St NE	
		St. Petersburg, FL 33702	
•			
he date o <u>Note:</u> If the docur	of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State	applicable statutory filing requirements, this date will not seconds.	
RTICI.	E VI: Other provisions, if any.		
	REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member.	
	I am aware that any false inform	ccordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.	
	Pete Bursik	ed or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)