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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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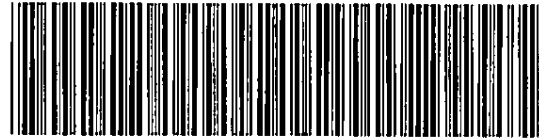
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SECRETARY OF STATE  
TALLAHASSEE, FL

MAY 22 2019

C Kinsey

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SHERMAN FAMILY INVESTMENT PARTNERS**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Platt

\_\_\_\_\_  
Name of Person

David M. Platt, P.A.

\_\_\_\_\_  
Firm/Company

2427 Periwinkle Way, Ste. B

\_\_\_\_\_  
Address

Sanibel, Florida 33957

\_\_\_\_\_  
City/State and Zip Code

david.platt@sancaplaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Platt

239

472-5400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
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  
OF  
SHERMAN FAMILY INVESTMENT PARTNERS, LLC**

**ARTICLE I**

**NAME**

The name of the limited liability company shall be Sherman Family Investment Partners, LLC (the "Company").

**ARTICLE II**

**MAILING AND STREET ADDRESS**

The mailing address of the principal office of the Company is:

P.O. Box 718  
Captive, Florida 33924

The street address of the principal office of the Company is:

16760 Captiva Dr.  
Captiva, Florida 33924

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**ARTICLE III**

**EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

Name

Address

SanCap Registered Agents, LLC

2427 Periwinkle Way, Ste. B  
Sanibel, Florida 33957

FAX AUDIT NO.:

## ARTICLE V

### **PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

## ARTICLE VI

### **MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and address of the initial Managers, who shall serve as Managers of the Company until their successor is elected and qualified:

Name

Address

Joan A. Sherman

P.O. Box 718  
Captiva, Florida 33924

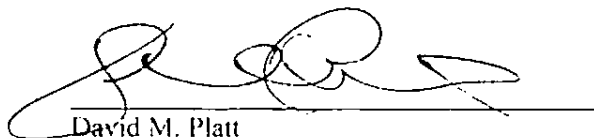
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## ARTICLE VII

### **OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 7<sup>th</sup> day of May, 2019



David M. Platt  
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

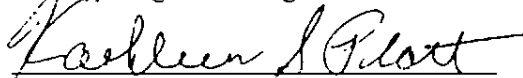
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Sherman Family Investment Partners, LLC.
2. The name and address of the registered agent and office is:

SanCap Registered Agents, LLC  
2427 Periwinkle Way, Ste. B  
Sanibel, Florida 33957

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, Florida Statutes.

SanCap Registered Agents, LLC



By: Kathleen S. Platt  
Its: Managing Member

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