

1/15/2020

Division of Corporations

L20 000010803
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : WILSON TAX & ACCOUNTING INC.
 Account Number : I20150000107
 Phone : (941)625-1925
 Fax Number : (941)625-1526

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

Email Address: apereira.1026@gmail.com

SECRETARY OF STATE
 TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.
Savor 100 x 35 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
 TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten: 1/16/20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Savor 100 x 35 LLC

(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:**4795 Flamlau Ave
North Port, FL 342874795 Flamlau Ave
North Port, FL 34287**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 or another business entity with an active Florida registration.)

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

Antonio Pereira

Name

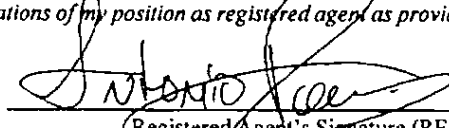
4795 Flamlau AveFlorida street address (P.O. Box **NOT** acceptable)North PortFL34287

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, and 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)

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

Name and Address:

"MGR" = Manager

AMBR

Antonio Pereira
4795 Flamlau Ave
North Port FL 34287

(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.

Any and all lawful business.

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 Statute. 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.

Antonio Pereira

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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