# 120000015087

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# COVER LETTER

	w Filing Sec vision of Co					
SURIFOT	Signature I	Place, LLC				
SOBJECT.	Name of Limited Liability Company					
The enclose	d Articles of	Organization and fo	ec(s) are subm	itted for filing.		
Please return	n all corresp	ondence concerning	this matter to	the following:		
	Jeff Herrma	nn				
•			Nan	ne of Person		
	Herrmann &	Brothers, LLC				
•	Firm/Company					
	147 2nd Ave	: S, #511				
				Address		
	St Petersbur	g, FL 33701				
			City/Sta	te and Zip Code		
- a		rrmannbrothers.net E-mail address: (to l	oe used for fut	ure annual report notifical		
For further in	formation co	ncerning this matter	, please call:	·		
J	leff Herrman	n	727 _at (	667-7656		
_	Nam	e of Person	Area Co			
Englosed is	a check for t	he following amoun	1.			
			Fee & □ tus Ce	\$155.00 Filing Fee & entified Copy itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Division P.O. B	ng Address Tiling Section on of Corporations tox 6327 assee, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			
Signature Place, Ll	LC			
	onatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
147 2nd Avc S. Su	ite 404	147	147 2nd Ave S, Suite 404	
St Petersburg, FL	33701	St P	St Petersburg, FL 33701	
The name and the Florida stree	Herrmann & Brother			
	147 2nd Ave S, Suite	404		
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	St Petersburg	FL	33701	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the app provisions of all statutes re obligations of my position	ointment as register Plating to the proper	e above stated limited liability company at the ed agent and agree to act in this capacity. It and complete performance of my duties, and as provided for in Chapter 605, F.S  M. C. M. C. W.	

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized N "MGR" = Manager	Aember
MGR	Herrmann & Brothers, LLC  147 2nd Ave S, Suite 404  St Petersburg, FL 33701
	Stretcisotile. PL 33701
	<del></del>
(Use attachment if necess	sary)
If an effective date is listed, the c he date of filing.)	her than the date of filing: <u>January 1, 2020</u> . (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days aft
	block does not meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on t	the Department of State's records.
ARTICLE VI: Other provisions, if	•
<u>REOUIRED</u> SIGNATU	TRE: All a Human
Sig	gnature of a member or an authorized representative of a member.

Herrmann & Brothers, LLC, as MGR, by Jeffrey A. Herrmann, MGR Typed or printed name of signee

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.

# 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)