

L200000021709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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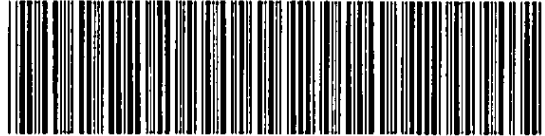
(Business Entity Name)

(Document Number)

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20 JAN -2 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ekaterina Waag  
FSA 504, LLC  
11108 Clayridge Dr.  
Tampa, FL 33635

December 23, 2019

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: FSA 504, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Ekaterina Waag  
FSA 504, LLC

Enclosures

check stapled here



## **ARTICLES OF ORGANIZATION**

of

**FSA 504, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is FSA 504, LLC.

### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

11108 Clayridge Dr.  
Tampa, FL 33635

The organization's mailing address shall be as follows:

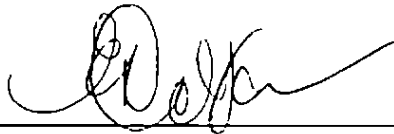
11108 Clayridge Dr.  
Tampa, FL 33635

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Ekaterina Waag  
11108 Clayridge Dr.  
Tampa, FL 33635

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.

A handwritten signature in black ink, appearing to read 'Ekaterina Waag', written over a horizontal line.

**Ekaterina Waag, Registered Agent**

**ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Ekaterina Waag  
11108 Clayridge Dr.  
Tampa, FL 33635

Stuart M. Waag  
11108 Clayridge Dr.  
Tampa, FL 33635

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Ekaterina Waag  
11108 Clayridge Dr.  
Tampa, FL 33635

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.


## ARTICLE IX - EFFECTIVE DATE

The Limited Liability Company shall be effective January 1, 2020.

## ARTICLE X – EMAIL

The email address to be associated with the Company shall be Ekaterina.waag@gmail.com

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 23<sup>rd</sup> day of December, 2019

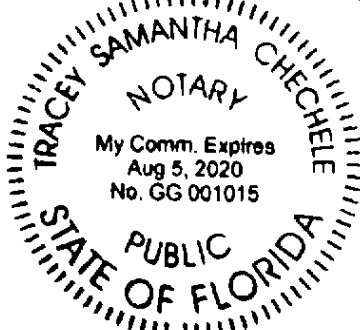


Ekaterina Waag

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Ekaterina Waag, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 23<sup>rd</sup> day of December, 2019



Notary Public, State of Florida at Large  
My Commission Expires: