Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000431583)))



H200000431583ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BERLIN PATTEN EBLING PLLC

Account Number : 105205003431 Phone : (941)954-9991

Fax Number : (941)954-9992

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

Email Address: aidacollins @ comcast.net,

## FLORIDA LIMITED LIABILITY CO.

601 Legacy, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

PM 4: 26

BURCH

FEB 7 2020

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

## H20000043158 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
601 Legacy, LLC				<u> </u>
(Must conat	in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limi	ted Liability Company is:	
Principa	l Office Address:		Mailing Address	<b>;</b>
3737 Hibiscus Street		3	737 Hibiscus Street	
Sarasota, FL 34232		<u>s</u>	arasota, FL 34232	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an ar	cannot serve as its own	n Registered Ages		dual or
The name and the Florida street a	ddress of the registere	d agent are:		2020 SEC
	Aida Collins			
		Name		NSSI 8 -6
	3737 Hibiscus Street	<u> </u>		The second
	Florida street addres	18 (P.O. Box <u>NO</u>	[ acceptable)	
	Sarasota	FL	34232	$\infty \geq \frac{\pi}{2}$
	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. 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..

(CONTINUED)

H20000043158 3

H200000431583

## ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Aida Collins 3737 Hibiscus Street Sarasota, FL 34232	
AMBR	Jason Collins 3737 Hibiscus Street Sarasota, FL 34232	
	SEE FLORE	
(If an effective date is listed, the date m the date of filing.)	the date of filing:  (OPTIONAL)  ast be specific and cannot be more than five business days prior to or 90 da  oes not meet the applicable statutory filing requirements, this date will not be	
ARTICLE V: Effective date, if other tha (If an effective date is listed, the date m the date of filing.)	ist be specific and cannot be more than five business days prior to or 90 da oes not meet the applicable statutory filing requirements, this date will not be	

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)