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(Requestor's Name) (Address) (Address)	400341699264			
(City/State/Zip/Phone #)	03/09/2001008+-031 **130.00			
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status	2011 - S - H B - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>TAMPA 202, LLC</u> Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

STUART B. KLEIN, ESQ.		
Name of Person		
STUART B. KLEIN, P.A.	_	
Firm/Company		
7108 FAIRWAY DRIVE, SUITE 120		
Address		
PALM BEACH GARDENS, FL 33418		
City/State and Zip Code		
sklein@kleinslaw.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
TUART B. KLEINat (561) 478-1588	_	

Name of PersonTelephone NumberEnclosed is a check for the following amount:

____\$125.00 Filing Fee ____\$130.00 Filing Fee ____\$155.00 Filing Fee ____\$160.00 Filing Fee Certificate of Status & Certificate of Status & Certified Copy (additional copy is encl)

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 3230



ARTICLES OF ORGANIZATION

FOR TAMPA 202, LLC

Under the Revised Limited Liability Company Act Chapter 605, Florida Statutes

ARTICLE I <u>NAME</u>

The name of the limited liability company is TAMPA 202, LLC.

(the "LLC").

ARTICLE II ADDRESS

The mailing address and the street address of the principal office of the LLC is 5003 Bordeaux Village, Unit 202, Tampa, FL 33617

ARTICLE III INITIAL REGISTERED AGENT

The name and street address of the initial registered agent of the LLC for service of process in the State of Florida is:

STUART B. KLEIN, P.A. 7108 Fairway Drive, Suite 120 Palm Beach Gardens, FL 33418

ARTICLE IV <u>EFFECTIVE DATE</u>

The effective date of this filing is 5th day of March, 2020.





ARTICLE V <u>MEMBERS</u>

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

<u>Title</u> :	Name and Address:	<u>Company Name:</u>
President and Treasurer	Muriel Schlefstein 711 Woodrow Road Staten Island, NY 10308	Tampa 202, LLC
Secretary	Suzanne Patterson 12 Woodland Avenue Staten Island, NY 10308	Tampa 202, LLC

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization this _____ day of _____, 2020.

heptin

Muriel Schlefstein Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is **TAMPA 202, LLC**.
- 2. The name and Florida street address of the registered agent and office is:

STUART B. KLEIN, P.A.

7108 Fairway Drive, Suite 120 Palm Beach Gardens, FL 33418





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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

MURIEL SCHLEFSTEIN

Muriel Schlefstein, President

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