## L20000100549

(Requ	iestor's Name)	
(Addre	ess)	····
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



000343203330

04/13/20--01028---005 \*\*125.00

2020 APR 13 PH 1:52

ECRETALL OF ST

E,

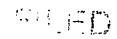
N CULLIGAN

APR 1 1 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sunz Property III, LL0	С			
				Art of Inc. File
		·		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<del></del>	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			. ————————————————————————————————————	Corp Record Search
				Officer Search
				Fictitious Search
				Fictitious Owner Search
Signature				Vehicle Search
	_ <del>_</del>			Driving Record
Requested by: Seth	04/13/20			UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
174 Panger's Printing - Thom laville GA 8/00			!	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY R 13 AM 10: 20

ARTICLE 1 - Name: The name of the Limited Liability Company is:			SECRETARY OF STATE TALLAHASSEE, FL
		Property III, LLC	
(Must con	tain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal (	office of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
1301 6TH AVE WE	1301 6TH AVE WEST		I 6TH AVE WEST
BRADENTON, FL	34205	BRA	ADENTON, FL 34205
	Blalock Walters, P.A 802 11th Street Wes	Name	
	Florida street address (P.O. Box NOT acceptable)		
	Bradenton	FL	34205
	City	State	Zip
place designated in this certificate further agree to comply with the p	e. I hereby accept the apporovisions of all statutes i	pointment as register relating to the proper	e above stated limited liability company at the red agent and agree to act in this capacity. It and complete performance of my duties, and as provided for in Chapter 605, F.S

(CONTINUED)

## ARTICLE IV-

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

•	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	<u>MGR</u> .	Herrig, Steve 1301 6TH AVE WEST Bradenton, FL 34205
		SECRETARY TRILLYHA
,	(Use attachment if necessary)	STATE FL
(If an e the dat <u>Note:</u>	ffective date is listed, the date must le e of filing.)	e date of filing:
ARTIC	LE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	DocuSigned by:
		Jenifer Schembri
	This document is of I am aware that any	Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is a false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
		Jenifer Schembri, authorized representative  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)