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K Brumbley

COVER LETTER

TO:	New Fitting Sec Division of Cor			
es (D. LD)	cur.	Floramar 1	LLC	
SUBJE	-l; <u> </u>	Name of Lir	nited Liability Company	
The enc	losed Articles of	Organization and fee(s) ar	re submitted for filing.	
Please re	eturn all correspo	ondence concerning this ma	atter to the following:	
	Audrew Pop	c		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Floramar LL	С		
			Firm/Company	
	16313 Colwo	ood Drive		
			Adaress	
	Odessa, Flor	ida 33556		
	Realest8andy((a)gmail.com	Tity State and Zip Code	nail.com
	1	E-mail address: (to be used	for future annual report notificat	fôn)
For furthe	r information co	ncerning this matter, pleas	e call: 64 543 388	6
	Andy Pope	86	04 543 - 3886	
	Nam	e of Person A	rea Code Davime Telephor	ne Number
Enclose	d is a check for the	he following amount:		
IS125.	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		e Address iling Section	Street Address New Filing Section D	ivision

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tailahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			· · · · · · · · · · · · · · · · · · ·	
LIMIT	ist conatin the words "Limited Liab	ility Company, "	L.L.C" or "LLC.")	
FICLE II - Adaress:	street address of the principal office	of the Limited I	Liability Company is:	
•	rincipal Office Address:		Mailing Address:	
	and (Saires	16313	B Colwood Drive	
16313 Colwoo	ひは しだいだ		Odessa Florida 33556	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w		egistered Agent istered Agent. Y	's Signature:	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.)	egistered Agent istered Agent. Y	's Signature:	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Andrew Pone	egistered Agent istered Agent. Y	's Signature:	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Andrew Pone	egistered Agent istered Agent. Y nt are:	's Signature:	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Register and active Florida registration.) I street address of the registered age Andrew Pone	egistered Agent. Y istered Agent. Y nt are:	t's Signature: ou must designate an individual or	
Odessa Forida FICLE III - Register Limited Liability Co ther business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Register and active Florida registration.) street address of the registered age Andrew Pone Na	egistered Agent. Y istered Agent. Y nt are:	t's Signature: ou must designate an individual or	

(CONTINUED)

2020 APR 27 PH 14: 59

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Memn "NGR" = Manager	भ्या
3	Androv Pone
MGR	Andrew Pope 16313 Colwood Drive
	Odessa Florida 53550
MGR	Vicki Pope
	L6313 Colwood Drive
	Odessa Florida 33556
	
If an effective date is listed, the date n he date of filing.)	an the date of filing:
ARTICLE VI: Other provisions, if any.	
<u>µEOUIRED</u> SIGNATURE:	
Signatu	re of a member or an authorized representative of a member.
Signatu This documen	are of a member or an authorized representative of a member. and it is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
Signatu Fhis documen I am aware tha	are of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State
Signatu Fhis documen I am aware tha	are of a member or an authorized representative of a member. and it is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
Signatu This documen I am aware the constitutes a the	are of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
 5 5.00 Certificate of Status (Optional)