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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: SASA II Trust LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Lepzinski, MGR
Name of Person
SASA II Trust LLC
Firm/Company
13098 Boca Ciega Ave
Address
St. Petersburg FL 33708
City/State and Zip Code marklepzinski@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Lepzinski 727 4211564 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:	m	a	•	-	.l.		10	T	R.	A
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The name of the Limited Liability Company is:

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Ma	ilin	2 A	ddı	ress:
		_		

4604 49th Street N	4604 49th Street N	
STE 1195	Ste 1195	
St. Petersburg Florida 33709	St. Petersburg Florida 33709	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Red	iister	ed A	gents	Inc.

Name

7901 4th St N STE 300

Florida street address (P.O. Box NOT acceptable)

St. Petersburg FL

F۱

33702

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.

Registered Agents Inc.

Bill Havre

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Mark Lepzinski
	13098 Boca Ciega Ave
	St. Petersburg, Florida 33708
AMBR	Sally Lepzinski
	401 Midflow St
	Tallahassee Florida 32304
	
(Use attachment if necessary)	
the date of filing.)	applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any,	
This document is executed in ac I am aware that any false inform	r an authorized representative of a member. coordince with section 605.0203 (1) (b), Florida Statutes, autoff-automitted in a document to the Department of State as provided for in s.817.155, F.S.
Mark Lepzinski	
_ 	d or printed name of signee

as

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)