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Account Name : PYNE LAW GROU Account Number : I20110000059 Phone : (850)215-9090)P	FILED 2020 SEP -1 PH 4:00
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۱	Fax Number : (850)617-6381 Account Name : PYNE LAW GROU Account Number : I20110000059 Phone : (850)215-9090 Fax Number : (850)215-9090 the email address for this busin nual report mailings. Enter only hail Address: Lawayaccy FLORIDA LIMITED Shores of Panam Certificate of Status Certified Copy Page Count	Fax Number : (850)617-6381 Account Name : PYNE LAW GROUP Account Number : I20110000059 Phone : (850)215-9090 Fax Number : (850)215-9045 the email address for this business entity to be used for nual report mailings. Enter only one email address please nail Address: Image:

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COVER LETTER
11 P
iling Section on of Corporations
tores of Panama 2219 LLC

09/01/2020 10:46

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

Please return all correspondence concerning this matter to the following:

Laura C. Pyne, Esq.

Name of Person

Pyne Law Group, P.A.

Firm/Company

2309 Frankford Avenue, Suite A

Address

Panama City, Florida 32405

	Tanama City, Florida 52405			ي جو	20	
		City/State an	d Zip Code	 ,	20	
	laurapync@pynelawgroup.com	1		<u></u>	SEF	П
	E-mail address: (t	o be used for future a	innual report notification)	10.0	<u> </u>	
For further	r information concerning this mat	ter, please call:		·	РĦ	
	Laura C. Pyne, Esq.	850 at (215-9090		ł: 0	\cup
	Name of Person	Area Code	Davtime Telephone Number		0	

Enclosed is a check for the following amount:

□S125.00 Filing Fee	S130.00 Filing Fec & 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)
			(additional copy is enclosed)

Mailing Address New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ţ.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Shores of Panama 2219 LLC

(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:	Mailing Address:
2309 Frankford Avenue, Suite A	2309 Frankford Avenue, Suite A
Panama City, FL 32405	Panama City, FL 32405

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:

Pyne Law Group, P.A. Name

2309 Frankford Aver	nue, Suite A	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Panama City	Florida	32405
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 proyided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<mark>itle:</mark> AMBR" = Authorized Member MGR* = Manager	Name and Address:
MGR	AK Capital Management, LLC 2309 Frankford Avenue, Suite A Panama City, Florida 32405

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED	SIGNATURE
	- XCGV-
	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
	I am aware that any false information submitted in a document to the Department of State
	constitutes a third degree felony as provided for in s.817.155, F.S.
	constitutes a third degree felony as provided for in s.817.155, F.S. LAWRA COUNTS PUNE
	Typed or printed name of signee

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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)