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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. ESPATE S. S. ESPATE

COVER LETTER

	lew Filing Sec Division of Co					
	Potter Stre	et LLC				
SUBJECT	T:					
		Name of	Limited Liabil	ity Company		
The enclos	sed Articles of	Organization and fee(s) are submitted	l for filing.		
Please retu	ım all correspo	ondence concerning thi	is matter to the	following:		
	Benjamin Yo	oder				
			Name of	Person		
			Firm/Co	ompany		
	4650 10th S	treet				
						
	C IT	2 (222	Addr	ess		
	Sarasota, FI	. 34232				
			City/State ar	id Zip Code		
		iltproperties.com				
	j	E-mail address: (to be	used for future a	annual report notificat	ion)	
For further i	nformation co	ncerning this matter, p	lease call:			
	Benjamin Yo	der	941	371-6408		
			l ()		
	Nam	e of Person	Area Code	Daytime Telephor	ie Number	
Enclosed i	s a check for t	he following amount:				
		•	a 🗆 🗆 🗖 🗘 s	- 00 1277 12 14	□ 4 1 < 0, 00 ₽33	2,02 0 ;
■3 123.00	Filing Fee	□\$130.00 Filing Fe Certificate of Status		5.00 Filing Fee & ed Copy	□\$160,00 Filis Certificate of \$	
			(addition	al copy is enclosed)	Certified Copy (additional copy)	رن
					(additional copy	is enclosed) 👵
	Mailir	ng Address		Street Address		
		iling Section		New Filing Section D	ivision	E SAIR
		on of Corporations		The Centre of Tallah		근점
		lox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230		
					-	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
Potter Street LLC			
(Must cor	itain 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:
<u>Princi</u>	pal Office Address:		Mailing Address:
5316 Potter Street		4650) 10th Street
Sarasota, FL 34232		Sara	sota, FL 34232
another business entity with an			You must designate an individual or
The name and the Florida stree:			
	t address of the registere	d agent are:	
	address of the registere Benjamin Yoder	ed agent are:	
	Č	nd agent are: Name	
	Č		
	Benjamin Yoder 4650 10th Street		cceptable)
	Benjamin Yoder 4650 10th Street	Name	cceptable)
	Benjamin Yoder 4650 10th Street Florida street address	Name ss (P.O. Box <u>NOT</u> a	•

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2020 AUG 19 AHTT: 56

ARTICLE IV-

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

$\overline{AMBR} = A$	uthorized Member	Name and Address:
"MGR" = Ma		
MGR	Ť	Benjamin Yoder
		4650 10th Street
		Surasota, FL 34232
MGR		Lindsey Yoder 4650 10th Street
		Sarasota, FL 34232
		
EV: Effective ctive date is l		date of filing: 08/20/2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective ective date is l of filing.) the date insert nent's effective	date, if other than the isted, the date must be did in this block does	e date of filing: 08/20/2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 or not meet the applicable statutory filing requirements, this date will not ment of State's records.
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E V: Effective ective date is I of filing.) the date insert ment's effectiv E VI: Other pr	edate, if other than the isted, the date must be deate on the Department ovisions, if any. SIGNATURE: Signature of This document is e I am aware that any	a member of an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
E V: Effective ective date is I of filing.) the date insert ment's effectiv E VI: Other pr	edate, if other than the isted, the date must be deate on the Department ovisions, if any. SIGNATURE: Signature of This document is e I am aware that any constitutes a third deate is the interest of the constitutes a third deate is the interest of the constitutes a third deate is the interest of the constitutes a third deate is the interest of the constitutes a third deate is the constitutes a third deate in the constitutes a third deate is the constitutes a third deate in the constitutes	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)