L20000 37 1553

(Re	questor's Name)
(Ad	idress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	rsiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	TY VC

Office Use Only



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COVER LETTER

	ew Filing Section ivision of Corporations	
ombreer.	4441 S Tamiami LLC	
SUBJECT:	Name of Limited Liability (Company
The enclosed	ed Articles of Organization and fee(s) are submitted for	filing
	rn all correspondence concerning this matter to the folk	
riease return	m an correspondence concerning this matter to the tone	wing.
3	Michelle E Winiecki	
-	Name of Per	rson
I	Fusion Management Realty Group	
_	Firm/Comp	any
1	1510 Stickney Point Road #406	
_	Address	
S	Sarasota FL 34231	
-	City/State and Z	ip Code
m	michelle@gcpmgt.com	
	E-mail address: (to be used for future annu	ual report notification)
For further inf	nformation concerning this matter, please call:	
N	Michelle E Winiecki 941 8	309.3404
_		Daytime Telephone Number
Enclosed is a	s a check for the following amount:	
	iling Fee \$\ \text{S130.00 Filing Fee & \text{S155.00 F} \text{Certificate of Status}	
		eet Address
		w Filing Section vision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 DEC -4 PH 12: 59

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETIVAY OF STATE
TALLAHASSEE, FL

(Must co	ontain the words "Limited Liab	pility Company.	"L.IC.," or "LL.C.")
E II - Address: ig address and stree	t address of the principal offic	e of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
1510 Stickney Point Road #406			O Stickney Point Road #406 sota FL 34231
Sarasota FL 3423	l Agent, Registered Office, & F		
E III - Registered atted Liability Compa		Registered Ager	nt's Signature:
E III - Registered a ted Liability Composition	Agent, Registered Office, & F iny cannot serve as its own Rej an active Florida registration.) set address of the registered age	Registered Ager gistered Agent.	nt's Signature:
E III - Registered a ted Liability Composition	Agent, Registered Office, & Fany cannot serve as its own Registration.) The address of the registered again Michelle E Winiecki	Registered Ager gistered Agent. '	nt's Signature:
E III - Registered a ted Liability Composition	Agent, Registered Office, & Fany cannot serve as its own Registration.) The address of the registered again Michelle E Winiecki	Registered Ager gistered Agent. ' ent are:	nt's Signature:
E III - Registered a ted Liability Composition	Agent, Registered Office, & Finy cannot serve as its own Registration.) ret address of the registered against Michelle E Winiecki	Registered Ager gistered Agent. Y ent are: ame	nt's Signature: You must designate an individ
E III - Registered a ted Liability Composition	Agent, Registered Office, & Finy cannot serve as its own Regin active Florida registration.) The address of the registered age Michelle E Winiecki N 1510 Stickney Point Rot	Registered Ager gistered Agent. Y ent are: ame	nt's Signature: You must designate an individ

110 ŀ further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	RT	CT	Ľ	TX/
	PC I	14. L	. r'.	1 -

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

Title:	Same and Address:
"AMBR" = Authorized M	ember
"MGR" = Manager	NACHALIA PANIMILAN
AR	Michelle E Winiecki
	1510 Stickney Point Road #406 Sarasota FL 34231
	Sarasota PL 34231
AMBR	Realty XXX Company LLC
AMBK	1510 Stickney Point Road #406
	Sarasota FL 34231
	Sarasota FL 34231
	
	AND OF STATE FL
(Use attachment if necessa	
If an effective date is listed, the da he date of filing.)	or than the date of filing:
ARTICLE VI: Other provisions, if a	nny.
<u>REOUIRED</u> SIGNATU	Mirabed Weared
Sign	nature of a member or an authorized representative of a member.
	ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	e that any false information submitted in a document to the Department of State
constitute	s a third degree felony as provided for in s.817.155, F.S.

Michelle E Winiecki 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)