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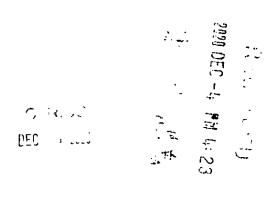
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	305 SBV LLC			
SOBILE	Name of Limited Liability Company			
The enclo	osed Articles of Organization and fed	e(s) are submitte	d for filing.	
Please ret	urn all correspondence concerning t	his matter to the	following:	
	Michelle E Winiecki			
		Name o	f Person	
	Fusion Management Realty Grou	ıp		
		Firm/C	ompany	
	1510 Stickney Point Road #406			
		Ade	lress	
	Sarasota FL 34231			
		City/State a	nd Zip Code	
	michelle@gcpingt.com E-mail address: (to be	used for future	annual report notification)	
For further	information concerning this matter,		·	
	Michelle E Winiecki	941	809.3404	
	Name of Person	at (Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount	:		
	Filing Fee \$130.00 Filing Fee Certificate of Stat	& \$155 us Certi	\$160.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, Fl. 32314		Cliffon Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

305 SBV 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:	TCLE I - Name: name of the Limited Liability Company is:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	 305 SBV LLC	
The mailing address and street address of the principal office of the Limited Liability Company is:	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
Principal Office Address: Mailing Address:		
	Principal Office Address: Mailing Address:	
1510 Stickney Point Road #406 1510 Stickney Point Road #406	1510 Stickney Point Road #406 1510 Stickney Point Road #406	
Sarasota FL 34231 Sarasota FL 34231	 Sarasota FL 34231 Sarasota FL 34231	
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.)	Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or	(The Lim
The name and the Florida street address of the registered agent are:	name and the Florida street address of the registered agent are:	The name
Michelle E Winiecki	Michelle E Winiecki	
Name	Name	

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.

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

FL

State

1510 Stickney Point Road #406

City

Sarasota

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Michelle E Winiecki AR 1510 Stickney Point Road #406 Sarasota FL 34231 Sarasota Boatyard Village LLC <u>AMBR</u> 1510 Stickney Point Road #406 Sarasota FL 34231 (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.) Note: 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 SIGNATUREY

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.

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)