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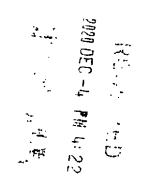
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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2020 DEC -4 PH 3: 10 STORELARY OF STATE STORELARY OF STATE

COVER LETTER

	ew Filing Section ivision of Corporations					
SUBJECT	402 SBV LLC					
SOBJECT		Limited Liabili	ty Company			
The enclos	ed Articles of Organization and fee(s	s) are submitted	for filing.			
Please retu	rn all correspondence concerning thi	s matter to the f	ollowing:			
	Michelle E Winiecki					
		Name of	Person			
	Fusion Management Realty Group					
	Firm/Company					
1510 Stickney Point Road #406						
		Addre	ess			
	Sarasota FI. 34231					
	michelle@gepmgt.com	City/State and	d Zip Code			
-		ised for future a	nnual report notification)			
For further is	nformation concerning this matter, p	lease cull:				
	Michelle E Winiceki	941	809.3404			
	Name of Person	. (Area Code	Duytime Telephone Number			
Enclosed is	s a check for the following amount:					
\$125.00 Fi	iling Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & Side Copy Side Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section		Street Address New Filing Section			
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 DEC -4 PM 3: 10

ARTICLE 1 - Name:

ARY OF STATE HIASSEE, FL

The name of the Limited Liability	· Company is:			SECRETA TALLA
402 SBV LLC				1,745,627
(Must conta	in the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal	office of the Lin	nited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addres	<u>s</u> :
1510 Stickney Point F	Road #406		1510 Stickney Point Road #406	<u> </u>
Sarasota FL 34231			Sarasota FL 34231	
another business entity with an ac-	_			
	Michelle E Winieck	i		
		Name	· 	
	1510 Stickney Point	Road #406	·-··-	
	Florida street addre	ss (P.O. Box <u>N</u> O	OT acceptable)	
	Sarasota	FL	34231	
	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 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	RTI	CI	F	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AR	Michelle E Winiecki 1510 Stickney Point Road #406 Sarasota FL 34231
AMBR	1510 Stickney Point Road #406 Sarasota FL 34231
	OF STATE
(Use attachment if necessary)	
(If an effective date is listed, the date mus the date of filing.)	the date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Mileled Weauch
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 signce

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)