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(Ad	ldress)	
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Special Instructions to	Filing Officer:	

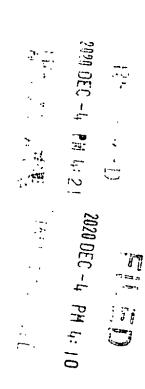
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COVER LETTER

	ew Filing Section ivision of Corporations			•
SUBJECT	501 SBV LLC			
SUBJECT		of Limited Liabil	ity Company	
The enclose	ed Articles of Organization and fe	e(s) are submitted	l for filing.	
Please retu	rn all correspondence concerning	this matter to the	following:	
	Michelle E Winiecki			
		Name of	Person	
	Fusion Management Realty Gro	up		
		Firm/Co	ompany	
	1510 Stickney Point Road #406			
		Add	ress	
	Sarasota FL 34231			
		City/State ar	nd Zip Code	
-	michelle@gepmgt.com		-	
	E-mail address: (to b	e used for future	annual report notificat	ion)
For further in	nformation concerning this matter	, please call:		
	Michelle E Winiecki	941 at (809.3404	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amount	t:		
] \$125.00 Fi	ling Fee S130.00 Filing Fe Certificate of Sta	tus LlCertif	00 Filing Fee & [ied Copy tal copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	\$4.000.cm		Ca A .d.d	

Mailing Address

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

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

501 SBV LLC		L 1 (11)	d. f. 27. 22 of f. (2.22)		
(Must cont	ain the words "Limited	Liability Company,	L.L.C., or LLC.		
RTICLE II - Address: ne mailing address and street ac	Idress of the principal o	ffice of the Limited	Liability Company is:		
Principal Office Address:		Mailing Address:		<u>s</u> :	
1510 Stickney Point	Road #406	1510	Stickney Point Road #406		
Sarasota FL 34231		Sara	sota FL 34231		
				ridual or	
The Limited Liability Company nother business entity with an a	cannot serve as its own ective Florida registratio	Registered Agent. Yon.)		idual or	2020 DE
The Limited Liability Company nother business entity with an a	cannot serve as its own ective Florida registratio	Registered Agent. \ n.) I agent are:		idual or	2020 DEC -
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. \n.) I agent are:		ridual or	2020 DEC -4
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Yon.) I agent are: Name		ridual or	+
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered Michelle E Winiecki	Registered Agent. Yon.) I agent are: Name Road #406	'ou must designate an indiv	ridual or	+
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a he name and the Florida street o	cannot serve as its own active Florida registration address of the registered Michelle E Winiecki 1510 Stickney Point	Registered Agent. Yon.) I agent are: Name Road #406	'ou must designate an indiv	ridual or	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AR	Michelle E Winiecki
	1510 Stickney Point Road #406
	Sarasota FL 34231
AMBR	Sarasota Boatyard Village LLC
Many	1510 Stickney Point Road #406
	Sarasota FL 34231
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
ffective date is listed, the date must be specific and of filing.)	d cannot be more than five business days prior to or 90 days
	applicable statutory filing requirements, this date will not be lis
ument's effective date on the Department of State'	s records.
LE VI: Other provisions, if any.	

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 Winjecki

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)