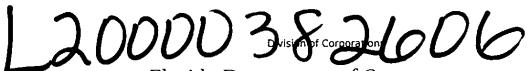
12/11/2020



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		
Lmail Addroce.		

FLORIDA LIMITED LIABILITY CO.

Sanford Retail LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 DEC 11 AM 10: 38

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

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Samo	w	Relai	HL	ᇿ	し

(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:

7901 4th St N	7901 4th St N
STE 300	STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702

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.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Registered Age	nts Inc.	
N	ame	
7901 4th St N S	STE 300	
Florida street address (F	O. Box NOT	ecceptable)
St. Petersburg	FL	33702
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agents Inc.
Bill Havre - Assistant Secretary

Mailing Address:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Thomas Howelis
	7901 4th St N STE 300
	St. Petersburg, FL 33702
	
	(-)
(Use attachment if necessary)	
the date of filing.)	applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
	SEC 228
REOUIRED SIGNATURE:	C CALL
R: Leng Park	or an authorized representative of a member.
This document is executed in ac I am aware that any false inform	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Riley Park	
Туре	d or printed name of signee

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

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)