# 120000395215

(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 23 PM 4: 51

# **COVER LETTER**

	New Filing Section Division of Corporations					
SIID IE	A to Z Beach Baby Rentals LLC					
SUBJEC	Name of Limited Liability Company					
The encl	losed Articles of Organization and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this matter to the following:					
	Michelle E Winiecki					
	Name of Person	<del> </del>				
	Fusion Management Realty Group					
	Firm/Company					
	1526 Stickney Point Road #305					
Address						
	Sarasota FL 34231	2020 DEC 23	71			
	City/State and Zip Code	五 2 2 3 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	michelle@gcpmgt.com	71 .	Υ,			
	E-mail address: (to be used for future annual report notification)	PH 4: 5				
For further	r information concerning this matter, please call:					
	Michelle E Winiecki 941 809.3404	題は「				
	Name of Person Area Code Daytime Telephone Number	_				
Enclosed	is a check for the following amount:					
<b>\$</b> 125.00	Certificate of Status — Certified Copy — Certificat  (additional copy is enclosed) — Certified	Filing Fee, the of Status & Copy copy is enclosed)				

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

A to Z Beach Baby Rentals LLC					
(Must o	contain the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	et address of the principal office	e of the Limited	Liability Company is:		
<u>Prir</u>	cipal Office Address:		Mailing Address:		
1526 Stickney Point Road #305		1526	Stickney Point Road #305		
Sarasota FL 34231		المشارية	istrettile. I tittii ittetta iistoo		
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, & R	Sara Registered Agen	sota F1, 34231		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Roany cannot serve as its own Reg	Sara Registered Agent. V	sota Fl. 34231 it's Signature:		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)	Sara Registered Agent. V	sota Fl. 34231 it's Signature:		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.) The address of the registered age	Sara Registered Agent. V	sota Fl. 34231 it's Signature:		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.) The address of the registered age	Sara Registered Agent. V ent are:	sota Fl. 34231 it's Signature:		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Roany cannot serve as its own Regian active Florida registration.) Therete address of the registered age  Michelle E Winiecki  No	Sara  tegistered Agent. V  ent are:  ame  d #305	sota F1. 34231  It's Signature: You must designate an individual or		
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Roany cannot serve as its own Registration.)  The eet address of the registered age  Michelle E Winiecki  No.  1526 Stickney Point Roa	Sara  tegistered Agent. V  ent are:  ame  d #305	sota F1. 34231  It's Signature: You must designate an individual or		
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the 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)

# ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Michelle E Winiecki
MOK	1526 Stickney Point Road #305
	Sarasota FL 34231
<del></del>	
<del> </del>	
(Use attachment if necessary)	
APTICLE V. Effective data if other than the data of filings	(OPTIONAL)
ARTICLE V: Effective date, if other than the date of filing:	cannot be more than five business days prior to or 90 days after
the date of filing.)	tunion be more time the business days prior to or 20 days after
	pplicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of State's	
· ·	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Mullice	Weauci
Signature of a member or	an authorized representative of a member.
	ordance with section 605.0203 (1) (b), Florida Statutes.
	in a haristed in a decompant to the Department of State

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)

as