# L21000003464

(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:

Office Use Only



000357415450

2021 JAN -6 AH ID: 10

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656,7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



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### **ORDER FORM**

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 1/6/2021

**PRIORITY** Routine

OUR REF\_#\_(Order\_ID#) 881205

ORDER ENTITY\_\_\_\_\_SHENANDOAH RUN, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SHENANDOAH RUN, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: sola@anthonywoodwardpa.com

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 6, 2021

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPASSO JAN -6 10 10

ARTICLE 1 - Name:
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Pro-	_
SECRETALL UF STAT	
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TALLAHASSEE, FI	
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ARTICLE 1 - Name: The name of the Limited Liability Company is:	SECRETALL OF TALLAHASSEE
SHENANDOAH RUN, LLC	
(Must contain the words "Limited Liabi	lity 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:
14819 N. DALE MABRY	1520 GULF BLVD. UNIT 1605
TAMPA, FL 33618	CLEARWATER, FL 33767
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi	
another business entity with an active Florida registration.)	istered rigetii. Fou must designate un metrodual or
The many and the Florida serves address for a circumstance	

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

Anthony G. Woodw	ard	
	Name	
1520 Gulf Blyd, Un	it 1605	
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	eceptable)
Clearwater	FL	33767
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.,

> -6 D 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: "AMBR" = Authorized Mer "MGR" = Manager	Name and Address: nber
MGR - Manager	RIVIERA REAL ESTATE INVESTMENTS INC. 14819 N. DALE MABRY TAMPA, FI, 33618
MGR	TONANDSHA REAL ESTATE MANAGEMENT COMPANY, LLC  1520 GULF BLVD, UNIT 1605  CLEARWATER, FL 33767
(Use attachment if necessary	·)
f an effective date is listed, the date ne date of filing.)	than the date of filing:  must be specific and cannot be more than five business days prior to or 90 days after the days not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
RTICLE VI: Other provisions, if an	y.
<u>REQUIRED</u> SIGNATURI	
This docum I am aware	ture of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.

Anthony G. Woodward

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)